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| **Impartial Witness Documentation** |
| ***Instructions:*** *An impartial witness is required to participate in the informed consent discussion any time the participant/Legally Authorized Representative/Parent/Guardian is signing an informed consent document that cannot be collected/retained by the study team (i.e., due to COVID-19 isolation). This form should be completed by the impartial witness as their attestation to the consent discussion. Please note: an impartial witness is a person who is independent of the trial and not related to the participant.* |
| **Study Title:**  |  |
| **Date:** |  |

**I witnessed the informed consent conversation via:**

[ ]  Phone [ ]  Video conference [ ]  Outside the participant’s room

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| [ ]  Other: |

**Was consent by a Legally Authorized Representative (LAR) or Parent/guardian (P/G) needed?** [ ]  Yes [ ]  No

If Yes, confirm that the person is in fact the patient’s LAR and indicate their relationship with the participant below. If there is no legal guardian or attorney-in-fact, the individuals listed below may sign in order of priority below (*mark who consented for the patient*):

[ ]  Legal Guardian or attorney-in-fact

[ ]  Spouse

[ ]  Adult child

[ ]  Parent (if the patient is a minor, consent must be obtained by a confirmed parent/legal guardian)

 [ ]  Mom

 [ ]  Dad

 [ ]  Other (*must be legal guardian*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Brother or sister

[ ]  Relative by blood or marriage

**--------------------------*Adjust this document* *based on your study’s details*---------------------------------**

[ ]  **I witnessed the consent discussion for the above mentioned study. I confirm that the consent was reviewed in its entirety with the participant and/or LAR/PG and that they were notified:**

* of the study procedures and what their participation would include
* of the potential risks for participating and that every effort will be made to keep their information confidential, to minimize risk, and provide them with services as needed
* that they may or may not receive any benefit from participating in this study and their participation is completely voluntary and they may quit at any time
* that they can take all the time needed to consider participation

[ ]  **After all information was presented, I verbally confirmed that:**

* the participant and/or their LAR/PG understood the information in the consent form
* the participant and/or their LAR/PG provided their verbal response to all the answerable items outlined in the informed consent, as applicable (e.g., future use, PHI via email, etc.)
* the participant and/or their LAR/PG questions have all been answered prior to agreeing to participate
* the participant and/or their LAR/PG gave ***verbal agreement*** to participate in the study
* the participant and/or their LAR/PG signed/dated and initialed (where indicated) in their copy of the informed consent, including all answerable items.

**As the impartial witness, I was:**

[ ]  Able to sign the research team’s copy of the informed consent document (hardcopy or electronic version in Epic).

[ ]  Not physically present, so I completed & printed this form, signed and dated below, and will email a copy to the research team. The original will be maintained and sent into the study team as soon as possible.

[ ]  Not physically present, so I completed & printed this form, signed and dated below and will email a copy to the research team. The copy received by the study team will be certified (by dated signature) as an exact copy of the original, having all the same attributes and information as the original.

**Additional Comments/Notes about the Consent Conversation:**

**Impartial Witness Attestation Statement:**

By signing below, I am confirming that all of the above indicated information is correct, the consent was reviewed in its entirety with the participant and/or their LAR/PG, they ***verbally*** confirmed that they agree to participate in the trial, and that I witnessed the consent conversation.

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| **Impartial Witness Signature:** |  | **Date:** |  |
|  |  |  |  |
| **Print Name of Witness:** |  |  |  |