**Consent Approval Date:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ **Consent Expiration Date:** \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Informed Consent Checklist (**√= item completed)

* **Print** name of PI/Designee who obtained consent from the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Informed consent was obtained prior to participation in this study. **Time of Consent/Assent:** \_\_\_\_:\_\_\_\_\_ am/pm
* The informed consent in its entirety was reviewed with the participant and adequate time was given for consideration of study participation.

 -------------------------------------------***Modify this section to fit your study*** *-------------------------------------------------*

* **Future use for stored samples and data discussed with participant.**
	+ Participant’s response to ***future use*** of data *(****Check One****)*:
		- Yes
		- No
	+ Participant’s response to ***storage of samples for future use*** *(****Check One****)*:
		- Yes
		- No

-------------------------------------------***Modify this section to fit your study*** *-------------------------------------------------*

* **Signature box sections are fully executed:**
	+ ***If applicable*:** Participant **print name, signature**, and **date**
		- **N/A-**Consent obtained from LAR
		- **N/A-**Participant is a minor. Consent obtained from parent/legal guardian.
	+ ***If applicable*: LAR print name, signature, date, and relationship to participant.**
		- **LAR** confirmed by medical records
		- If there is no legal guardian or attorney-in-fact the individuals listed below may sign in order of priority (*mark who consented for participant*):
			* Spouse
			* Adult child
			* Parent
			* Brother or sister
			* Relative by blood or marriage
	+ ***If applicable*:** Parent/Guardian **print name of child**, **print name of parent/guardian, signature, date, and relationship to participant.**
		- Consent obtained from:
			* Mom
			* Dad
			* Grandma/Grandpa *(must be legal guardian)*
			* Aunt *(must be legal guardian)*
			* Other *(must be legal guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
	+ PI/Designee **print name, signature,** and **date**
	+ ***If applicable*:** Did the minor participant provide assent?
		- * **Yes No-**If no, provide reason**:**
				+ **Too young**
				+ **Not mentally competent to provide assent**
				+ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* A copy of the **fully executed** consent/assent document(s) were given to the Participant(s).

**Additional Details of Consent/Assent Process:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PI/Designee Signature Date**