**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**