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| **Subject Number:** |  |
| **Protocol Title/Number:** |  |
| **Principal Investigator:** |  |
| **HRPO#** |  |
| **Version of Informed Consent (ICF) presented to patient** | Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Version Number: \_\_\_\_\_\_\_\_\_ |
| **Date consent was reviewed with patient and patient’s questions were answered:** | Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
| **Date patient signed the consent form:** | Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_: \_\_\_\_\_\_\_ am/pm |
| **Date consent form signed by PI/Designee** | Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_: \_\_\_\_\_\_\_ am/pm |
| **Was patient provided with a copy of the signed consent form?** | Yes  No-If not, why?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Details of Consent Process:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  **Signature of person conducting ICF process Date** | |