|  |  |
| --- | --- |
| **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?** | YesNo-If not, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Details of Consent Process:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** **Signature of person conducting ICF process Date** |