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| **CONSENT PROCESS CHECKLIST** |
| **IRB Number:** \_\_\_\_\_\_\_\_\_\_\_ | **Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** | **Participant ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Informed Consent Version: \_\_\_\_\_ Version Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |
| Select the primary language for the Participant and/or Legally Authorized Representative (LAR): | ⭘ English⭘ Spanish⭘ Both⭘ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| In what language will the informed consent form (ICF) be presented? | ⭘ English⭘ Spanish⭘ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the participant and/or LAR provided with enough time to read through the ICF(s)? | ⭘ Yes⭘ No |
| Did you answer all questions for the participant and/or LAR? | ⭘ Yes⭘ No |
| Was the participant and/or LAR consented before the commencement of any other study procedures? | ⭘ Yes⭘ No |
| Did the participant and/or LAR voluntarily sign and date the IRB-approved ICF(s)? | ⭘ Yes⭘ No |
| Was a copy of the signed ICF(s) provided to the participant and/or LAR? | ⭘ Yes⭘ No |

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| **Signatures:**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature of Person Obtaining Consent*  *Date Time*  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*PI Signature* *(optional)*  *Date* |