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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* |