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**Pregnant Partner Consent Reviewer Evaluation Form**

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| **IRB #:** Click or tap here to enter text. | **PI:** Click or tap here to enter text. |
| **Title of Study:** Click or tap here to enter text. |
| **Primary Reviewer:** Click or tap here to enter text. | **Secondary Reviewer:** Click or tap here to enter text. |

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| **GENERAL**  | **YES** | **NO** | **N/A** |
| 1. CF is presented in the LSUHSC-NO template or a format that has been approved by the administration of the IRB | [ ]  | [ ]  |  |
| 2. Document is written in language understandable to subjects | [ ]  | [ ]  |  |
| 3. Length of document is appropriate for the complexity of the study | [ ]  | [ ]  |  |
| 4. Text is in a consistent person throughout the consent form | [ ]  | [ ]  |  |
| 5. Circumstances of consent process provide prospective participant or LAR sufficient opportunity to consider whether or not to participate | [ ]  | [ ]  |  |
| 6. Circumstances of consent process minimize the possibility of coercion or undue influence | [ ]  | [ ]  |  |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **TITLE, CONTACTS, AND SPONSOR** | **YES** | **NO** | **N/A** |
| 1. Study title in consent form matches the title of the protocol |[ ] [ ]   |
| 2. The PI is listed |[ ] [ ]   |
| 3. An emergency contact is provided |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 1: INVITATION TO BE PART OF THE RESEARCH** | **YES** | **NO** | **N/A** |
| 1. Clear reason for why subject is eligible or being asked to participate is present |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 2: WHY IS THE STUDY BEING DONE?**  | **YES** | **NO** | **N/A** |
| 1. Rationale for conducting the study is provided |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 3: WHAT WILL HAPPEN IF I TAKE PART IN THIS STUDY** | **YES** | **NO** | **N/A** |
| 1. Total duration of subject's participation is provided |[ ] [ ] [ ]
| 2. Explanation for collection and use of data is appropriate |[ ] [ ] [ ]
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 4: WHAT ARE THE RISKS OF TAKING PART IN THIS STUDY?** | **YES** | **NO** | **N/A** |
| 1. All reasonably foreseeable risks are appropriately listed  |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 5: ARE THERE ANY BENEFITS TO PARTICIPATING IN THIS RESEARCH?** | **YES** | **NO** | **N/A** |
| 1. Description of potential benefits is appropriate and not overly optimistic |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 6: HOW WILL MY INFORMATION BE KEPT CONFIDENTIAL?** | **YES** | **NO** | **N/A** |
| 1. Subject is made aware that her/her baby’s privacy will be protected | [ ]  | [ ]  |  |
| 2. Procedures for privacy protection are described and are adequate | [ ]  | [ ]  |  |
| 3. Time frame of retention of study information/samples is stated | [ ]  | [ ]  |  |
| 4. Agencies/entities/individuals who will have access to participant information and/or study results are identified and are appropriate | [ ]  | [ ]  |  |
| 5. The type of information available to agencies/entities/individuals is described and is appropriate | [ ]  | [ ]  |  |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 7: WILL THERE BE ANY COSTS TO ME FOR TAKING PART IN THIS RESEARCH?**  | **YES** | **NO** | **N/A** |
| 1. Research and/or routine care costs covered by the participant (or insurance) is clearly delineated and is appropriate |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 8: WILL I BE PAID FOR TAKING PART IN THIS STUDY?** | **YES** | **NO** | **N/A** |
| 1. Timing and amount of subject payment is indicated and is appropriate |[ ] [ ] [ ]
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 9: WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?** | **YES** | **NO** | **N/A** |
| 1. All investigators are listed |[ ] [ ]   |
| 2. A 24-Hour phone number is provided |[ ] [ ]   |
| 3. A research-related injury contact name and number is provided  |[ ] [ ]   |
| 4. A ClinicalTrials.gov statement included |[ ] [ ] [ ]
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 10: WHAT WILL HAPPEN IF I CANNOT COMPLETE THE STUDY?** | **YES** | **NO** | **N/A** |
| 1. Subject’s right to withdraw from the study, and with no loss of benefits to which he/she is entitled, is clearly stated |[ ] [ ]   |
| 2. Steps to be taken for safe withdrawal from the study is adequately explained |[ ] [ ] [ ]
| 3. Disposition of study results and specimens at the time of withdrawal is adequately explained |[ ] [ ] [ ]
| 4. CF states that any new information which may impact subject’s decision to continue in the study will be provided to him/her |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 11: YOUR PARTICIPATION IN THIS STUDY IS VOLUNTARY** | **YES** | **NO** | **N/A** |
| 1. Subject’s right to refuse to participate, and with no loss of benefits to which he/she is entitled, is clearly stated |[ ] [ ]   |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |

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| **SECTION 12: YOUR CONSENT** | **YES** | **NO** | **N/A** |
| 1. Statement confirming retention of legal rights after signing the consent is present | [ ]  | [ ]  |  |
| 2. Researchers contact statement is provided | [ ]  | [ ]  |  |
| 3. Chancellor’s contact statement is provided | [ ]  | [ ]  |  |
| 4. All appropriate signature blocks (including date lines) are present | [ ]  | [ ]  |  |
| ***Comments/Deficiencies:*** Click or tap here to enter text. |