

Appendix A: Template checklist for documenting the informed consent discussion

Template may be adapted or modified as needed.

IRB Study #: _____ **Participant Initials:** _____ **Study ID:** _____

Please initial next to "Yes" or "No" by each line as appropriate. If "No," an explanation must be provided in the notes section below.

_____ Yes	_____ No	A concise and focused presentation of the key information was provided.
_____ Yes	_____ No	The details of this research study were discussed, including an explanation of the required elements of the ICF.
_____ Yes	_____ No	It was emphasized that study participation is voluntary, that the participant's clinical care would not be affected if study participation is declined, and that the participant may withdraw consent at any time.
_____ Yes	_____ No	The ICF was provided in the preferred language.
_____ Yes	_____ No	Ample time was provided for reading the consent document and questions were encouraged.
_____ Yes	_____ No	All questions and concerns were addressed to the satisfaction of the participant (or LAR).
_____ Yes	_____ No	The PI or Co-I was available for questions.
_____ Yes	_____ No	The participant (or LAR) reviewed the current IRB approved consent document(s) and agreed to participate. Specify ICF version and date/time signed below.
_____ Yes	_____ No	A copy of the signed consent document was provided to the participant and/or LAR.
_____ Yes	_____ No	No procedures specifically related to the study were performed prior to the participant signing the consent document.
_____ Yes	_____ No	A copy of the signed consent document was placed in the participant's research file. If a copy was also placed in the medical record, specify in Notes.
<p>The participant or the participant's LAR signed the following consent documents (notations of date and time should indicate when the ICF was signed):</p> <p><input type="checkbox"/> Main Study ICF, Version: _____ Date: _____ Time: _____</p> <p><input type="checkbox"/> Other ICF, Specify: _____ Version: _____ Date: _____ Time: _____</p> <p><input type="checkbox"/> Other ICF, Specify: _____ Version: _____ Date: _____ Time: _____</p>		
<p>Additional Notes (may include):</p> <ul style="list-style-type: none"> ▪ People who were present during the consent discussion, such as the participant, an LAR, the person obtaining consent, relative(s), PI, study coordinator, interpreter, witness, etc.) ▪ any questions or concerns raised during the consent discussion ▪ use of a verbal consent process, LAR or the short form method 		

Signature of Person Completing the Form

Date

Time