

CVM CRU DOCUMENTATION OF INFORMED CONSENT

Study Title: _____

Participant Name: _____

PI: _____

Date Consented: _____ Time Consented: _____ AM/PM

CRU Staff Present During Consent:

1. _____
2. _____
3. _____
4. _____

____ **Prior to any study-related procedures, the participant was given ample time to review the informed consent form and ask questions regarding the study.**

____ **All inclusion and exclusion criteria have been met.**

____ **The purpose, procedures, risks, benefits (if any), voluntariness, and alternatives were discussed, understood, and accepted.**

____ **Once all questions and concerns were answered, the participant agreed to participate and signed the informed consent form and HIPAA form.**

____ **The participant was given a copy of the signed consent and HIPAA form for their records. _____ (RC initial and date)**

Additional Notes:

Study Coordinator Signature

Date

PI/Co-PI Signature

Date