MTN 029/IPM 039 Sample Informed Consent Coversheet

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| Name (or PTID) |  |
| Date of informed consent discussion |  |
| Start time of informed consent discussion |  |
| Is the person of legal age to provide independent informed consent for research? | [ ]  Yes[ ]  No ⇒STOP. Participant is not eligible for MTN-029. |
| Can the person read and understand English? | [ ]  Yes[ ]  No ⇒STOP. Participant is not eligible for MTN-029. |
| Was all information required to make an informed decision provided in a language that was understandable? | [ ]  Yes[ ]  No ⇒ Explain below. |
| Were all questions answered? | [ ]  Yes[ ]  No ⇒ Explain below. |
| Was comprehension assessed to ensure all information required to make an informed decision was provided? | [ ]  Yes[ ]  No ⇒ Explain below. |
| Was there adequate time/opportunity given to consider all options before making an informed decision? | [ ]  Yes[ ]  No ⇒ Explain below. |
| Was a copy of the consent form offered and accepted? | [ ]  N/A (chose not to provide informed consent)[ ]  Yes[ ]  No ⇒ Offer alternative form of study contact information to parent/participant. |
| End time of informed consent process/discussion |  |
| **[ ]  “No study visit procedures took place prior to obtaining informed consent”.** **Initials of staff person obtaining consent\_\_\_\_\_\_.** |
| Notes/Comments: |
| Version number of informed consent form used during informed consent process/discussion | Version Number:  | Date of Approved Informed Consent Form:  |
| Name of study staff person completing informed consent process/discussion (and this coversheet) |  |
| Signature of study staff person completing informed consent process/discussion (and this coversheet) |  |