

- ✓ DO use the consent form templates on the IRB website, when drafting your study consent form, for the most current regulations and suggestions.
- DO update your consent form, when you change study procedures and/or identify new risks to participants.
- ✓ **DO** obtain IRB approval before using a revised consent form.
- ✓ **DO** keep all original signed consent forms with research study records.

**DO** print current approved consent forms from eProtocol dashboard, as needed.

**Don't** use expired consent forms.

Don't use old consent forms to save trees.

**Don't** alter approved consent forms.

The extra copy o <u>f this consent form is for yo</u> u	to keep.
SIGNATURE	DATE 8-13-13
TYPED NAME	
Protocol Approval Date: <u>9/30/11</u> Protocol Expiration Date: <del>2/30/12</del> - <b>7/30-/13</b>	- 7/19/14

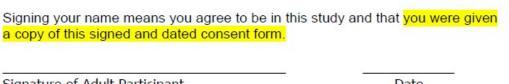
Don't use consent forms without IRB approval and expiration dates.

(Contact IRB Manager, ASAP, if dates are incomplete.)

*IRB Use Only* Approval Date: M<u>onthname dd, 20yy</u> Expiration Date: <u>Monthname dd, 20yy</u>

**DO** verify that each participant is given a signed *and* dated copy of the consent form at the time of initial consent. (Required by FDA and California Experimental Subject's Bill of Rights)

## **Don't** omit this step; it is "Best Practice" and required as above.



**DO** verify that participant answers all questions on the consent form.

**Don't** leave consent form questions incomplete.

I consent to my samples being saved for future research

\_\_\_\_ I do not consent to my samples being saved for future research

Are you participating in any other research studies? YesI	Are you	participating ir	n any other i	research studies?	Yes	No
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**DO** verify that participant follows consent form instructions - or consider modification of the consent form, if appropriate.

**Don't** confuse initials with checkmarks.

**Don't** include consent instructions that you do not follow; it may **be** considered noncompliance.

I give consent to be audiotaped during this study. Please initial: <u>Yes</u> No I give consent to be videotaped during this study: Please initial: <u>Yes</u> No I give consent for tapes resulting from this study to be analyzed for research purposes. Please initial: <u>Yes</u> No



**DO** verify that person obtaining consent (POC) has signed, when applicable.

**Don't** omit signature (or date signed) by POC.

Protocol Director:	
Protocol Title:	
Signature of Person Obtaining Consent	Date

**DO** verify that signers complete **all applicable lines** on consent form.

- If the participant or the LAR (Legally Authorized Representative) is non-English speaking, (during the short form consent process with a translator) the Person Obtaining Consent (POC) must ensure that:
  - 1) the LAR's Description of Authority is completed and;
  - 2) responses to all questions or options on the consent form are documented and initialed by the POC, per the participant's/LAR's wishes, as they are understood during the consent process.

**DO** explain, if needed, that Legally Authorized Representative for a child is *parent* or *guardian*.

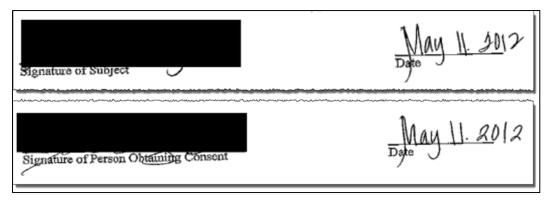
Name of Child Participant	
Signature of Legally Authorized Representative	5/2/12 Date
Description of Representative's Authority to Act for	or Subject

**Don't** leave representative's authority to act undocumented.



**DO** verify *participant enters date of signing* at the time of consent. This is "Best Practice" and required by FDA regulation 21 CFR 50.27(a).

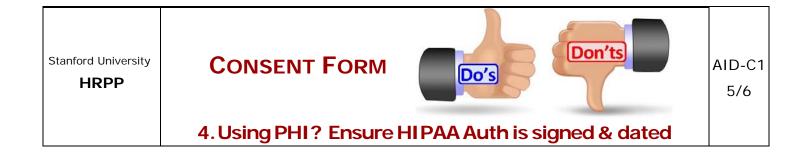
Don't enter dates for participants - they must write it themselves



**DO** verify signature *dates* are complete, formatted as consistent with your study SOPs, and legible.

**Don't** ignore ambiguous dates (Ju = June or July?). Explain them, if needed.

Signature of Subject	5-/25/12 Date
Signature of Person Obtaining Consent	JL/25/12 Date



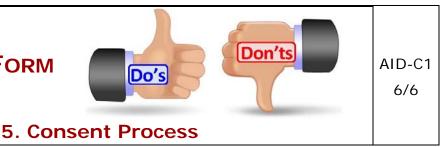
**DO** verify that participant signs and dates *HIPAA Authorization*, if applicable, before using protected health information (PHI).

**Don't** use participants' data, if signed HIPAA Authorization is not obtained, as required.

**Don't** use participants' data if the HIPAA Authorization has expired.

Your authorization for the use and/or disclosure of your health information will expire January 1, 2020.			
Signature of Participant		Date	

**CONSENT FORM** 



**DO** train the research staff about the *consent process* before beginning a study.

DO train newly hired research staff about the consent process.

**DO** enter all staff who are authorized to obtain consent, for clinical studies, on the study's Delegation of Authority Log.

*The principal investigator is responsible* for ensuring that each research participant voluntarily gives informed consent before that individual participates in any research activities.

The protocol director/principal investigator is ultimately responsible, even when delegating the task of obtaining informed consent to individuals who are trained and knowledgeable about the research.

*Informed consent is more than just a signature on a form*; it is a process of information exchange. Institutional Review Boards (IRBs), principal investigators, and research sponsors all share responsibility for ensuring that the informed consent process is adequate. Thus, rather than an endpoint, the consent document should be the basis for a meaningful exchange between the investigator and the participant throughout the research.

## TIPs

- ✓ Use sticky tabs to indicate all pages that need signatures and/or other responses from signer, so POC can quickly check the consent form for completeness, before giving the signer a copy.
- ✓ Keep all original signed consent forms with research study records.

## More information:

See HRPP Policy Manual Chapter 12 Informed Consent and Assent