

Sample Template:
Documentation of the Informed Consent Process for On-Site Subject File

IRB#: _____

IRB Approval Date: _____

IRB Expiration Date: _____

Study Title: _____

PI: _____

Subject ID: _____

Consent obtained by: _____

Date of Consent: _____

Check all that apply	
<input type="checkbox"/>	The subject meets all eligibility requirements.
<input type="checkbox"/>	Was the subject's comprehension assessed to ensure that the subject understands the research and the risks and benefits involved in the study?
<input type="checkbox"/>	Subject was given a copy of the California Experimental Subjects' Bill of Rights.
<input type="checkbox"/>	Subject signed the UC HIPAA Research Authorization for Release of Personal Health Information for Research.
<input type="checkbox"/>	Discussed, explained and reviewed the consent form with subject. <input type="checkbox"/> Written consent was obtained (per IRB approved consent process) <input type="checkbox"/> Surrogate consent was obtained (per IRB approved consent process)
<input type="checkbox"/>	All of the subject's questions were answered/concerns addressed. (document multiple subject contacts below) <input type="checkbox"/> Subject did not have any questions/concerns
<input type="checkbox"/>	Subject was given time to review the consent form and to discuss participation in this study with family members/others.
<input type="checkbox"/>	The subject has agreed to participate in the study and signed/dated the most current valid IRB approved consent form <i>prior to the start of any study procedures</i> .
<input type="checkbox"/>	A copy of the signed and dated consent form was given to the subject.
<input type="checkbox"/>	The original signed and dated consent form was placed in the research record or separate binder.
<input type="checkbox"/>	Was there early withdrawal from research participation? If yes, note reason.

Signature/initials: _____	Date: _____
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