



## Tool Summary Sheet

**Tool:** Documenting the Consent Process

**Purpose:** To assist the user in documenting the consent process

**Audience/User:** Principal Investigators, Sub/Associate-Investigators, Site Study Coordinators

**Details:** This template provides an initial framework for documenting the consent discussion and process with the potential study subject. Please feel free to customize this tool to meet your study-specific needs/requirements.

**Best Practice  
Recommendations:**

- If utilized, this sheet should be printed and available for completion as a source document at the time of consent.
- This tool can be utilized at the beginning of the study and throughout the clinical research study, when updates and revisions to the consent form(s) are required.
- Suggestions for inclusion in the section entitled “Additional Notes” include the following: a statement that the risks associated with the study, if any, are known and were reviewed with the participant; if a witness was required and present for the consent discussion; and if any special circumstances were addressed (e.g., literacy of the participant or if translation of the discussion was required).
- Remove the Tool Summary Sheet prior to use.

**Tool Revision History:**

Version		
Number	Date	Summary of Revisions Made:
1.0	24Apr2013	Approved version

<Insert Protocol Title>

Protocol Number and Title: \_\_\_\_\_

PI/Site Name: \_\_\_\_\_

Participant/Subject Name: \_\_\_\_\_

### Documenting The Consent Process

Date: \_\_\_\_\_

Consent Forms (CFs) reviewed:

Main Study CF, Version/Date: \_\_\_\_\_

Other CF, Specify: \_\_\_\_\_ Version/Date: \_\_\_\_\_

Other CF, Specify: \_\_\_\_\_ Version/Date: \_\_\_\_\_

Language of CF(s) reviewed:

English       Spanish       Other, Specify: \_\_\_\_\_

Study Staff Member(s) Conducting CF discussion: \_\_\_\_\_

Was time allowed to ask/answer questions?       Yes       No

If not, please explain: \_\_\_\_\_

Was a copy of the signed CF(s) provided to the study subject?       Yes       No

If not, please explain: \_\_\_\_\_

Was/were the CF(s) signed prior to initiation of study procedures?       Yes       No

If not, please explain: \_\_\_\_\_

Was/were a copy of the signed CF(s) provided to the subject?       Yes       No

If not, please explain: \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date