**Signature Block Samples**

|  |
| --- |
| **Consent with HIPAA Authorization** |

**CONSENT AND AUTHORIZATION**

I confirm that I have read this consent and authorization document and have had the opportunity to ask questions. I will be given a signed copy of the consent and authorization form to keep.

**I agree to take part in this research study and authorize you to use and disclose health information about me for this study, as you have explained in this document.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Obtaining Authorization and Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Authorization and Consent Date

**PARENTAL PERMISSION AND AUTHORIZATION**

I confirm that I have read this parental permission document and have had the opportunity to ask questions. I will be given a signed copy of the parental permission form to keep.

**I agree to allow my child to participate in this research study and authorize you to use and disclose health information about my child for this study, as you have explained in this document.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child for Parent/Guardian

**IMPORTANT: The following signature block for the 2nd parent should not be included unless requested by the IRB.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child for 2nd Parent/Guardian

Permission cannot be obtained from the second parent/guardian because (*please check which one applies to the situation, 45 CFR 46.408)*:

The parent/guardian is deceased.

The parent/guardian is unknown.

The parent/guardian is incompetent.

The parent/guardian is not reasonably available.

Only one parent has legal responsibility for the care and custody of the child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Obtaining Authorization and Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Authorization and Consent Date

|  |
| --- |
| **Consent** |

**CONSENT**

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Obtaining Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date

**PARENTAL PERMISSION**

By signing this consent form, I confirm I have read the information in this parental permission form and have had the opportunity to ask questions. I will be given a signed copy of this parental permission form. I voluntarily agree to allow my child to take part in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Obtaining Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date

|  |
| --- |
| **Legally Authorized Representative (LAR)** |

**IMPORTANT: This signature block for Legally Authorized Representatives (LAR) is only used for populations unable to provide informed consent. Only use the LAR signature block if it has been explained in the new study application (subject to approval by the IRB). Delete this if you do not plan to enroll participants using an LAR.**

**If the participant is unable to give consent and authorization, consent and authorization is given by the authorized personal representative of the individual:**

**LEGALLY AUTHORIZED REPRESENTATIVE CONSENT STATEMENT:**

I confirm that I have read this consent and authorization document. I have had the opportunity to ask questions and those questions have been answered to my satisfaction. I am willing and authorized to serve as a surrogate decision maker for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Participant’s Name

I have been informed of my role and my obligation to protect the rights and welfare of the participant. I understand that my obligation as a surrogate decision maker is to try to determine what the participant would decide if the participant were able to make such decisions or, if the participant’s wishes cannot be determined, what is in the participant’s best interests. I will be given a signed copy of the consent and authorization form to keep.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Personal Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Personal Representative Date

Indicate the legal representative’s authority to act for the individual:

Spouse

Adult (18 years of age or over) for his or her parent

Individual with power of attorney

Guardian appointed to make medical decisions for individuals who are incapacitated

|  |
| --- |
| **Witnesses and Interpreters** |

**WITNESS STATEMENT:**

The participant was unable to read or sign this consent form because of the following reason:

The participant is illiterate

The participant is visually impaired

The participant is physically unable to sign the consent form. Please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other *(please specify)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I was present as a witness for the consent process for this study. I confirm that the participant named above was read the information in the consent document and that the participant has agreed to take part in the research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date

**INTERPRETER STATEMENT: (For Non-English Speaking Participants Only)**I confirm that I was present as an interpreter for the duration of the consent process for this research study. I confirm that I am qualified and have the necessary skills to provide interpretation between the participant’s language and English. By signing this form, I confirm that I provided a full and complete interpretation of the exchange between the researcher obtaining consent and the participant, to the best of my ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name of Interpreter  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Interpreter                                                                    Date

|  |
| --- |
| **Assent** |

**Agreeing to be in the study**

Please include an assent statement. State that a copy of this form will be given to the individual providing assent.

*Example: I was able to ask questions about this study. Signing my name at the bottom means that I agree to be in this study. My <<insert “parent or guardian” for children or “legally authorized representative” for adults with impaired decision-making capability>> and I will be given a copy of this form after I have signed it.*

|  |  |  |
| --- | --- | --- |
|  |  | |
| Printed Name |
|  |  |  |
| Sign your name on this line |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  | |
| Printed Name of Person Obtaining Assent |
|  |  |  |
| Signature of Person Obtaining Assent |  | Date |

The following should be completed by the study member conducting the assent process if the participant agrees to be in the study. Initial the appropriate selection:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_ | The participant is capable of reading the assent form and has signed above as documentation of assent to take part in this study. |
| \_\_\_\_\_\_\_\_\_\_ | The participant is not capable of reading the assent form, but the information was verbally explained to him/her. The participant signed above as documentation of assent to take part in this study. |