Wellcome - HRB
Clinical Research Facility
at St. James's Hospital

INFORM CONSENT FORM

Protocol no:	Participant ID:	Participant name:

Type of consent: Initial consent ☐ Re-consent ☐

Initial Contact Date: __ / ___ / ____

Contact Method: Phone ☐ In-person ☐

Date of PIL/ICF given: __ / ___ / ____

Patient Information Leaflet given to Patient: Yes ☐ No ☐ Version no:

ICF Version/Date consented: __ /___ /____

Time of Consent: __ : __ 24 hrs

Was Sufficient Time allowed to Review and to ask/ Answer Questions before consenting: Yes ☐ No ☐

If no, please explain:

For Re-consent, was tracked changes explained to patients : Yes ☐ No ☐

Was Informed Consent Signed Prior to Initiation of any Study Procedure: Yes ☐ No ☐

The subject reminded they could withdraw consent at any time: Yes ☐ No ☐

Fully Signed PIL/ICF given to patient: Yes ☐ No ☐

Fully Signed PIL/ICF filed in the ISF/ Shadow file: Yes ☐ No ☐

Copy of Fully Signed PIL/ICF Filed in Patient Chart and uploaded in EPR: Yes ☐ No ☐

Additional comments:

Written Consent Taken By: .....

Signature: .....

Date: __ /___ /____