COMPLETE BEFORE IC DISCUSSION

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| **PTID** |  | **IC Discussion Date (MM/DD/YY)** |  |
| **ICF Version Number** |  | **Date of Approved ICF** |  |
| Is the person of legal age to provide independent informed consent for research? | | Yes  No ⇒STOP. Participant is not eligible for MTN-037. | |
| Can the person read and understand English? | | Yes  No ⇒STOP. Participant is not eligible for MTN-037. | |
| Start time (HH:MIN) of IC process/discussion | |  | |

COMPLETE AFTER IC DISCUSSION

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| Was all information required to make an informed decision provided in a language that was understandable? | Yes  No 🡪 Explain in Notes/Comments below |
| Were all questions answered? | N/A (Participant had no questions.)  Yes  No 🡪 Explain in Notes/Comments below |
| Was comprehension assessed and did the participant demonstrate understanding of all information required to make an informed decision was provided? | Yes  No 🡪 Explain in Notes/Comments below |
| Was the participant given adequate time/opportunity to consider all options in a setting free of coercion and undue influence before making an informed decision? | Yes  No 🡪 Explain in Notes/Comments below |
| Did the participant choose to provide written informed consent? | Yes  No |
| Was a copy of the consent form offered to and accepted by the participant? | N/A (Participant chose not to provide informed consent.)  Yes  No 🡪 Offer alternative form of study contact information to parent/participant. |
| End time (HH:MIN) of IC process/discussion |  |
| “No study visit procedures took place prior to obtaining informed consent” | Initials of staff person obtaining consent\_\_\_\_\_\_ |
| **Notes/Comments:** | |
|  | |
| Study staff person completing informed consent process/discussion (and this coversheet): | |
| [Printed Name] | [Signature] |