ProCESS
Documentation of Informed Consent

Date and time subject met inclusion criteria: _____/_____/_____ @ _____ : _____

Date and time of consent discussion: _____/_____/_____ @ _____ : _____

ProCESS Team member(s) conducting consent discussion:_____
_____

Others participating in Consent Discussion:
☐ Subject ☐LAR/family (specify): _____
_____ _____

Subject's decision making capacity must be documented in the medical record

Narrative notes:

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Consent for Continued Participation

Date and Time of Consent Discussion: _____/_____/_____ @ _____ : _____

ProCESS Team member(s) discussing continued participation: _____
_____

Subject's decision making capacity must be documented in the medical record

Narrative notes:
(include directive for lab samples, if subject declines continued participation)

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