

<b>TITLE:</b>	<b>SSD / CONTINUED PARTICIPATION/INFORMED CONSENT PROCESS</b>
<b>PROTOCOL:</b>	
<b>SPONSOR:</b>	
<b>IRB#:</b>	
<b>PI:</b>	

<b>Subject ID#:</b> _____	<b>Date of visit:</b> _____	<b>Visit #:</b> _____
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**I. INFORMED CONSENT PROCESS (ICP)**

☐ The following person(s) were present for the IC process:		
☐ The study procedure(s) to be performed at today's visit was/were explained by:		
☐ The cognitive ability of the subject/legal guardian/parent was/were assessed and determined to be capable of making decisions for the subject.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
☐ The ICP was performed/discussed in a comfortable, quiet, private and closed-door location.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
☐ The Subject /legal guardian/parent was/were encouraged to ask questions regarding study procedures.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
☐ Did the subject/Legal guardian/parent request to speak to PI for additional information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
☐ The PI was available to answer questions, as needed.	<input type="checkbox"/>	<input type="checkbox"/>
☐ All questions were answered/addressed to the subject/ Legal guardian/parent's satisfaction and understanding.	<input type="checkbox"/>	<input type="checkbox"/>
☐ Subject/legal guardian/parent voluntarily agrees to continue participate in the study without coercion or undue influence.	<input type="checkbox"/>	<input type="checkbox"/>

Signature/Date: \_\_\_\_\_