

Basic

## INFORMED CONSENT (PED)

Type of consent:

- Informed consent (by subject)
- Proxy consent
- Consent by independent physician
- Deferred consent
- Waiver of consent

## INFORMED CONSENT (PED)

Type of initial consent:	Confirmation of consent:	Date written consent signed:
<p><input type="radio"/> Informed consent (by subject)</p> <p><input type="radio"/> Proxy consent</p> <p><input type="radio"/> by parent</p> <p><input type="radio"/> by guardian</p> <p><input type="radio"/> by family member</p> <p><input type="radio"/> Consent by independent physician</p> <p><input type="radio"/> Deferred consent</p> <p><input type="radio"/> Waiver of consent</p>	<p><input type="radio"/> written proxy consent before enrollment</p> <p><input type="radio"/> written proxy consent after enrollment</p> <p><input type="radio"/> written informed consent by patient</p>	<p><b>Date written consent signed:</b></p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Day Month Year</p> <p><b>Time written consent signed:</b></p> <p><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (use 24hr clock)</p> <p>Hour Minute</p>

# INFORMED CONSENT (PED)

**Type of initial consent:**

- Informed consent (by subject)
- oral
  - written
- Proxy consent
- by telephone
  - written
- by  parent
- guardian
  - family member
- Consent by independent physician
- by telephone
  - written
- Deferred consent
- Waiver of consent

**Date of obtaining initial consent:**

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month				Year			

**Time of obtaining initial consent:**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	(use 24hr clock)
Hour			Minute		

**Confirmation of consent:**

- written proxy consent before enrollment
- written proxy consent after enrollment
- written informed consent by patient

**Date written consent signed:**

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month				Year			

**Time written consent signed:**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	(use 24hr clock)
Hour			Minute		