**INFORMED CONSENT ASSESSMENT FORM**

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| **URERB Protocol Code:**  (to be filled out by URERB Secretariat) |  |
| **Study Protocol Title:**  (to be filled out by the Researcher/PI) |  |
| **Researcher/Principal Investigator:**  (to be filled out by the Researcher/PI) |  |
| **Study Protocol Submission Date:**  (to be filled out by URERB Secretariat) |  |
| **Completed Review Submission Date:**  (to be filled out by URERB Secretariat) |  |
| **Review Classification**  (to be filled out by the Chair) | **Full Review Expedited Review** |

**INSTRUCTIONS**

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| To the Researcher/Principal Investigator: | Please indicate in the space provided below whether or not the specified assessment point is addressed by your informed consent document. To facilitate the evaluation of the assessment point, indicate the page and paragraph where this information can be found. | | | | |
| To the Primary Reviewer: | Please evaluate how the assessment points outlined below have been appropriately addressed by the informed consent document, as applicable, by confirming the submitted information and writing your comments on the space provided under “REVIEWER COMMENTS.”Finalize your review by indicating your conclusions under “RECOMMENDED ACTION”and affix your signature on the space provided for the primary reviewer. | | | | |
| **Essential Elements** | | **To be filled out by the PI** | | | **REVIEWER COMMENTS** |
| Indicate if the study protocol contains the specified assessment point | | Page and paragraph where it is found |
|  | | **YES** | **N/A** |  |  |
| 1. Statement that the study involves research | |  |  |  |  |
| 1. Statement describing the purpose of the study | |  |  |  |  |
| 1. Study-related treatments and probability for random assignment | |  |  |  |  |
| 1. Study procedures including all invasive procedures | |  |  |  |  |
| 1. Responsibilities of the participant | |  |  |  |  |
| 1. Expected duration of participation in the study | |  |  |  |  |
| 1. Approximate number of participants in the study | |  |  |  |  |
| 1. Study aspects that are experimental | |  |  |  |  |
| 1. Foreseeable risks to participant/ embryo/ fetus/nursing infant; including pain, discomfort, or inconvenience associated with participation including risks to spouse | |  |  |  |  |
| 1. Risks from allowable use of placebo (as applicable) | |  |  |  |  |
| 1. Reasonably expected benefits; or absence of direct benefit to participants, as applicable | |  |  |  |  |
| 1. Expected benefits to the community or to society, or contributions to scientific knowledge | |  |  |  |  |
| 1. Description of post-study access to the study product or intervention that have been proven safe and effective | |  |  |  |  |
| 1. Alternative procedures or treatment available to participant | |  |  |  |  |
| 1. Compensation or insurance or treatment entitlements of the participant in case of study-related injury | |  |  |  |  |
| 1. Anticipated payment, if any, to the participant in the course of the study; whether money or other forms of material goods, and if so, the kind and amount | |  |  |  |  |
| 1. Compensation (or no plans of compensation) for the participant or the participant’s family or dependents in case of disability or death resulting from study related injuries | |  |  |  |  |
| 1. Anticipated expenses, if any, to the participant in the course of the study | |  |  |  |  |
| 1. Statement that participation is voluntary, and that participant may withdraw anytime without penalty or loss of benefit to which the participant is entitled | |  |  |  |  |
| 1. Statement that the study monitor(s), auditor(s), the Ethics Review Panel, and regulatory authorities will be granted direct access to participant’s medical records for purposes ONLY of verification of clinical trial procedures and data | |  |  |  |  |
| 1. Statement that the records identifying the participant will be kept confidential and will not be made publicly available, to the extent permitted by law; and that the identity of the participant will remain confidential in the event the study results are published; including limitations to the investigator’s ability to guarantee confidentiality | |  |  |  |  |
| 1. Description of policy regarding the use of genetic tests and familial genetic information, and the precautions in place to prevent disclosure of results to immediate family relative or to others without consent of the participant | |  |  |  |  |
| 1. Possible direct or secondary use of participant’s medical records and biological specimens taken in the course of clinical care or in the course of this study | |  |  |  |  |
| 1. Plans to destroy collected biological specimen at the end of the study; if not, details about storage (duration, type of storage facility, location, access information) and possible future use; affirming participant’s right to refuse future use, refuse storage, or have the materials destroyed | |  |  |  |  |
| 1. Plans to develop commercial products from biological specimens and whether the participant will receive monetary or other benefit from such development | |  |  |  |  |
| 1. Statement that the participant or participant’s legally acceptable representative will be informed in a timely manner if information becomes available that may be relevant to willingness of the participant to continue to participation | |  |  |  |  |
| 1. Statement describing access of participant to the result of the study | |  |  |  |  |
| 1. Statement describing extent of participant’s right to access his/her records (or lack thereof vis à vis pending request for approval of non or partial disclosure) | |  |  |  |  |
| 1. Foreseeable circumstances and reasons under which participation in the study may be terminated | |  |  |  |  |
| 1. Sponsor, institutional affiliation of the investigators, and nature and sources of funds | |  |  |  |  |
| 1. Statement whether the investigator is serving only as an investigator or as both investigator and the participant’s healthcare provider | |  |  |  |  |
| 1. Person to contact in the study team for further information regarding the study and whom to contact in the event of study related injury or unwanted events | |  |  |  |  |
| 1. Statement that the URERB Panel has approved the study, and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:   Name of URERB Chair:  Address:  Email:  Tel No.: | |  |  |  |  |
| RECOMMENDED ACTION | | | | | |
| * APPROVAL | | | | | |
| * MINOR MODIFICATIONS | | | | | |
| * MAJOR MODIFICATIONS | | | | | |
| * DISAPPROVAL | |  | | | |
| JUSTIFICATION FOR RECOMMENDATION | | | | | |

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| **REVIEWER**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature over Printed Name  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |