UKALL14 **SITE INFORMED CONSENT FORM LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator** |  | **Site Name** |  |

|  |
| --- |
| Please complete this table for all patients consented and re-consented at your site. Please include patients who have been randomised into the trial **and** those who were consented but not entered into the trial. **Also ensure that the consenting process is fully documented in the patients’ notes.** |
| Trial No *(if applicable)* | Pt Initials | Date randomised*(if applicable)***(dd/mm/yy)** | Signed ICF present at site?**Y/N** | Version of ICF used? | Version of PIS given? | Pt initialled all boxes?**Y/N** | Pt signed & personally dated?**Y/N** | Person taking consent signed & dated (on same day as pt?**Y/N** | Name of person taking consent | On delegation log for this role?**Y/N** | Date of Consent**(dd/mm/yy)** | Is ICF dated pre-entry?**Y/N** | Please tick if row relates to a patients’ re-consent |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |