UKALL14 **SITE INFORMED CONSENT FORM LOG**

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

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| 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 |
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