

Signature Page

Participant

Date

Parent/ Legal Guardian

(Relationship with patient)

Date

Parent/ Legal Guardian

(Relationship with patient)

Date

Assent of minor (if subject is 14-17 yrs. old)

Date

Signature of Person Obtaining Consent

Date

Signature of Interpreter (if used)

Date

Signature of Witness

Date

Physician/ PNP obtaining consent

Date

Signature of Physician/ Investigator obtaining Assent from child
(7-17) years old

Date