COVID-19 Witness Signature & Attestation Page

*This witness signature page is intended to be used when an original copy with the participant/LAR signature could not be obtained because of physical COVID-19 transmission concerns. Consent was obtained verbally and the participant kept the original signed consent document. The research record includes a written attestation by the investigator/designee and an impartial witness that the participant gave consent verbally.*

*IRB approval for use of the witness signature page is not needed. This page may be printed for use at any time.*

***DIRECTIONS FOR USE OF THIS TEMPLATE:***

* *Replace bracketed items in the header, such as “[Title of Study]” with the requested information.*
* *Instructions in red font should be deleted.*
* *Print the signature page when the witness signature is needed.*
* *Participants should sign or make their mark on the full consent document if able.*
* *After the witness has signed, keep the original copy with the full consent document.*

**WITNESS STATEMENT:**

A signed consent document (original or copy) from the participant or their legally authorized representative was not able to be shared with the study team due to COVID-19 transmission concerns.

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I confirm that I am an impartial witness who is not a member of the study team.
* I confirm that I was present as a witness for the consent process for this study.
* I confirm that the participant named above (or their legally authorized representative) was given the information in the consent document and that the participant or their legally authorized representative has verbally agreed to take part in the research study.
* I confirm that the it was requested that the participant or their legally authorized representative sign and keep their copy of the consent document.

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Name of Witness

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Signature of Witness Date