Witness Signature Page

*The witness signature page is intended to be used in unanticipated situations when a participant is able to give full consent for participation in a research study, however, a witness to the consent process is necessary. Such situations may include:*

* *The participant is illiterate and must have the consent document read aloud*
* *The participant is visually impaired and must have the consent document read aloud*
* *The participant is physically unable to write and cannot sign the consent document*

*IRB approval for use of the witness signature page is not needed. This page may be printed for use at any time there is an unanticipated need for a witness to the consent process.

The witness signature page should not be used for studies that are required to have a witness present or for studies that anticipate a large portion of the participant population will require a witness to the consent process. For these studies, the witness signature lines should be included on the signature page of the full, IRB approved consent document.*

*The witness signature page* ***MUST NOT*** *be used for the following situations:*

* *Consenting individuals who do not read or speak English as their primary language without the use of a translated consent document and/or short form*
* *Consenting individuals who are cognitively impaired or mentally disabled*
* *Consenting minors without parental permission*

*Any study found to be using the witness signature page for these purposes will be non-compliant with IRB policy.*

***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, signed consent document. Make a copy for the participant to keep with his/her copy of the consent.*

**WITNESS STATEMENT:**

The participant was unable to read or sign this consent form because of the following reason:

[ ]  The participant is illiterate

[ ]  The participant is visually impaired

[ ]  The participant is physically unable to sign the consent form. Please describe:

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[ ]  Other *(please specify)*:

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I confirm that I was present as a witness for the consent process for this study. I confirm that the participant named above was read the information in the consent document and that the participant has agreed to take part in the research study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date