

CONSENT DISCUSSION FORM

SUBJECT NAME: _____

STUDY I.D. # _____

WAS THE PATIENT INITIALLY ENROLLED USING DEFERRED CONSENT: **YES** **NO**

If no proceed to back of page to document the informed consent process

Reason informed consent could not be obtained prior to enrolment:

Please document all attempts to make contact with the family to obtain informed consent following enrolment via deferred consent:

DATE (DD-MMM-YY)	TIME (HH:MM)	DESCRIPTION OF CONTACT ATTEMPT	STUDY STAFF INITIALS

