VAMHCS RESEARCH COMPLIANCE OFFICE

COVER LETTER FOR CONSENT FORMS TO BE SCANNED

Date: _____ IRB #: _____

Protocol Title:
_____

_____

Principal Investigator:
_____

Contact Person: _____ Phone #: _____

Clinic Name: _____ N/A _____

Number of Consents Enclosed: ____ Number of HIPPAs Enclosed*: ___
*If HIPAAs are not enclosed, please explain: _____

Participant Initials	**Last 4 *OR* Birth date****

**This is necessary for staff to be able to locate participants in CPRS. Please only give us either the participant's last 4 or birth date, not both. Thanks.

Have you checked the following?
____ All signatures & dates are present
____ Dates of signatures fall within IRB Validation Dates (footer)
____ Headers are complete
____ Questions on the inner pages are answered (if applicable)
____ Copies are straight
____ Footers are present (not cut off by the copying process)
____ Copies are NOT double-sided
____ Copies are paper clipped, NOT stapled
____ Consent/Enrollment notes have been entered on all participants
____ Consent/Enrollment notes follow the VAMHCS template or at least contain the minimum requirements: http://www.maryland.research.va.gov/research/human/sops/0301g.pdf
____ A copy of the enrollment note is attached.