**Consent Form Addendum**

**For**

**Patients Unable to Sign the Consent Form**

IRB Study #:

Name of Study:

PI Name:

Study Participant Name:

***Instructions:*** This addendum is to be used in instances where the prospective study participant is mentally competent to consent, but physically unable to sign the consent form. After the study personnel conduct the consent process, including having the study participant read the consent form or study personnel reading it for the study participant, an impartial individual (signator) not affiliated with the research or investigator will ask the study participant for verbal consent to participate and for authorization to sign the consent form on their behalf. This is done in the presence of an impartial witness. If the study participant agrees, the signator signs the following statement on behalf of the study participant or legally authorized representative; the two witnesses also sign this form. This Addendum should be attached to the study Consent Form.

1. **Brief Description of why participant cannot sign the consent form:**

**II. Signator’s Attestation:**

I confirm that the information in the consent form and any other written information was accurately explained to, and understood by, the study participant. The study participant freely consented to be in the research study. [adjust as needed]

Name of Signator:

Signature of Signator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**III. Witnesses Attestation:**

We confirm that we witnessed the consent process and that the information in the consent form and any other written information was explained to, and understood by, the study participant. The study participant consented to be in the research study without undue influence, and instructed the signator (noted above) to sign the consent form on their behalf. We serve as witnesses to this fact.

**Witness**

Name:

Signature of Witness: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note:* The signature block cannot be used for translations into another language. A translated consent form or short form is necessary for enrolling study participants who do not speak English.**