**DOCUMENTATION OF ORAL CONSENT COVID-19**

|  |  |  |
| --- | --- | --- |
| IRB Number | Principal Investigator | Study Title |
|  |  |  |
| Name of participant | Patient MRN Number/Study ID | Name of LAR or N/A |
|  |  |  |
| Date of Oral Consent | Name of Consent Designee | Signature of Consent Designee\* |
|  |  |  |

**\*My signature indicates that I have presented the oral consent script for this study to the person listed above and they have verbally confirmed their willingness to participate in the research study.**

**The following questions were posed to the person providing consent to assess comprehension and answered satisfactorily:**

**Is participating in this research required for all patients or is it voluntary? Required / Voluntary**

**Is it ok to still be in the study, but sometimes tell the research team you are not ready to give a blood or other sample on some days? Yes / No**

**Will Johns Hopkins use your bio-specimens for research with partners outside Johns Hopkins on approved research projects? Yes / No**