

ICF Summary

01	Date participant signed the ICF:	___ / ___ / _____ (dd/mm/yyyy)
02	IRB approved ICF version:  According to site consent process.	_____
03	IRB approved ICF version date:  According to site consent process.	___ / ___ / _____ (dd/mm/yyyy)

 **Addendum Options**

04	CONSENT FOR LONG-TERM STORAGE AND FUTURE TESTING OF SPECIMENS and RELATED HEALTH INFORMATION:	<input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree <input type="checkbox"/> N/A
05	Date the participant agreed or did not agree to Consent for long term storage of specimens?	___ / ___ / _____ (dd/mm/yyyy)
06	CONSENT TO PARTICIPATE IN AN IN-DEPTH INTERVIEW:	<input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree <input type="checkbox"/> N/A
07	Date the participant agreed or did not agree to Consent to participate in an IDI?	___ / ___ / _____ (dd/mm/yyyy)
08	PERMISSION TO CONTACT SEXUAL PARTNER:	<input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree <input type="checkbox"/> N/A
09	Date the participant agreed or did not agree to Permission to contact sexual partner?	___ / ___ / _____ (dd/mm/yyyy)
10	CONSENT FOR OFF-SITE VISITS:	<input type="checkbox"/> Agree <input type="checkbox"/> Do Not Agree <input type="checkbox"/> N/A
11	Date the participant agreed or did not agree to Consent for off-site visits?	___ / ___ / _____ (dd/mm/yyyy)

CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / _____ (dd/mm/yyyy)