


**ICF Summary [V1]**

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**

If a participant changes their mind about any of the consent addendum options, document the changes using another blank copy of the paper CRF. When entering the update in REDCap, you will create a new instance of the eCRF (instructions in CRF Completion Guidelines document). Do not write over data on the paper form or in REDCap.

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)