**PARTICIPANT (PICF) / PARENT-GUARDIAN (PGICF) INFORMED CONSENT FORM APPROVAL AND SIGN-OFF FORM**

|  |  |
| --- | --- |
| **Protocol Title:** |  |
| **Protocol #:** |  |
| **Sponsor-Investigator/CPI:** |  |
| **Sponsor:** |  |

*Note: It is mandatory that this process is completed prior to the PGICFs being submitted to the Human Research Ethics Committee (HREC) for review. Any subsequent PICFs/PGICFs amendments should also follow this same approval and sign-off process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Consent Type:** | *<e.g. Prospective PICF>* | **Consent Type:** | *<e.g. Prospective PGICF>* |
| **Date:** |  | **Date:** |  |
| **Version No:** |  | **Version No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLINICAL TRIAL COORDINATOR APPROVAL**  I have read and reviewed the above Parent-Guardian Informed Consent Forms (PGICFs) and approve it to proceed to HREC Review: | | | |
| Name: | | | |
| Signature: |  | Date of Approval: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SPONSOR-INVESTIGATOR/CPI APPROVAL**  I have read and reviewed the above Parent-Guardian Informed Consent Forms (PGICFs) and approve it to proceed to HREC Review: | | | |
| Name: | | | |
| Signature: |  | Date of Approval: |  |