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

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| **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.*

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

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| **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: |  |

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| **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: |  |