

ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI AND THE MOUNT SINAI HOSPITAL
CONSENT FORM TO VOLUNTEER IN A RESEARCH STUDY
AND AUTHORIZATION FOR USE AND DISCLOSURE OF MEDICAL INFORMATION
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Study ID #: HSM# 13-00865

Form Version Date: November 14, 2013

Signature Block for Capable Adult

Your signature below documents your permission to take part in this research and to the use and disclosure of your protected health information. A signed and dated copy will be given to you.

DO NOT SIGN THIS FORM AFTER THIS DATE → 12/5/2014

Signature of subject

Date

Printed name of subject

Time

Person Explaining Study and Obtaining Consent

Signature of person obtaining consent

Date

Printed name of person obtaining consent

Time

If the individual cannot read, a witness is required to observe the consent process and document below:

My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject.

Signature of witness to consent process

Date

Printed name of person witnessing consent process

Time

This Section For IRB Official Use Only

This Consent Document is approved for use by Mount Sinai's Institutional Review Board (IRB)
Form Approval Date: 12/6/2013 DO NOT SIGN AFTER THIS DATE → 12/5/2014
Rev. 3/26/13 IRB Form HRP-502a