Electronic Copy Certification for

Informed Consent Forms (ICFs)

**PI’s Name:**

**Protocol Number:**

**Title of Study:**

**Bookmarked/Indexed Details:**

(Please indicate: *Subject name and date of signature, ALPHA order, subject initials and date of signature, etc…)*

**Name of file:**

**Name of folder:**

**Folder location:**

**Number of Consents:**

**Date Certified:** // **Initials of Certifier:**

 **mm dd yyyy**

**I certify that I have reviewed all pages of the documents contained in this electronic file and that the electronic file is an exact copy of the originals, having all of the same attributes and information as the original.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Certifier Date**

**Printed Name of Certifier Title**

**For industry sponsored trials, please complete the information below.**

**Print Name of Industry Sponsor:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**⁯**I certify that the sponsor has agreed to accept electronic storage of consent

 (*Initial & Date)* documents. Documentation of this acceptance is stored on file.