

**Study Title:** The Pilot PARTUM Trial  
**PI:** Dr. Ann Kinga Malinowski



**Sinai Health**

**Mount Sinai Hospital**  
Joseph & Wolf Lebovic Health Complex



**DOCUMENTATION OF CONSENT PROCESS**

**Participant Name:** \_\_\_\_\_

Person obtaining consent initial each completed step in the process:

- \_\_\_ Participant agreed to speak with the research coordinator about the above referenced study.
- \_\_\_ Informed consent was discussed with participant.
- \_\_\_ Copy of the consent form was provided for participant and/or authorized representative review.
- \_\_\_ Participant and/or authorized representative was given adequate time to read the consent form and discuss the study with study investigators, family doctor, and/or family members.
- \_\_\_ All questions were answered. Participant and/or authorized representative was given time to discuss.
- \_\_\_ Participant and/or authorized representative agreed to participate and signed and dated the informed consent.
- \_\_\_ A copy of the consent form was provided to the participant and/or authorized representative upon conclusion of the consent process.
- \_\_\_ Consent has been signed prior to any study procedures being performed.

Comments:

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Consent process documented by:

\_\_\_\_\_  
Name of person obtaining consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date