

**Format for Audio Visual Consenting Process**  
**INSTITUTIONAL ETHICS COMMITTEE**  
**H M PATEL CENTRE FOR MEDICAL CARE AND EDUCATION, KARAMSAD**

**MONITORING OF AUDIOVISUAL RECORDING OF INFORMED CONSENT PROCESS [Clinical Trial]**

(Please tick the box corresponding to the answer)

Sr. No.	Observation	Yes/ No
<b>1</b>	Facility where informed consent process should be carried out - (well lit, free from noise, privacy ensured)	
<b>Remarks:</b>		
<b>2</b>	The consent is taken in language the participant/LAR understands best and is literate in	
<b>Remarks:</b>		
<b>3</b>	Introduction of each person (person conducting the informed consent discussion participant/ legally acceptable representative (LAR) / impartial witness) involved during informed consent process and information about necessity for audiovisual recording	
<b>Remarks:</b>		
<b>4</b>	Information to the participant/ LAR and impartial witness (as applicable) that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules	
<b>Remarks:</b>		
<b>5</b>	Information to the participant/ LAR and impartial witness (as applicable) that the confidentiality of information and privacy of participants is assured	
<b>Remarks:</b>		
<b>6</b>	Information to the participant/ LAR and impartial witness (as applicable) that the recording may be shown to government agencies or members from the IEC	
<b>Remarks:</b>		
<b>7</b>	Explanation or narration by the person conducting the informed consent discussion	
<b>Remarks:</b>		

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<b>8</b>	Questions asked by the potential participant/LAR are answered satisfactorily	
<b>Remarks:</b>		
<b>9</b>	Allowing ample time and opportunity to read/understand the information in the informed consent document or discuss the same with family members	
<b>Remarks:</b>		
<b>10</b>	Reading out by the participant/LAR (or having read out by impartial witness) the statements mentioned in Informed Consent and stating whether participant agrees or not for each statement	
<b>Remarks:</b>		
<b>11</b>	Documentation of signatures of all those involved in the Informed Consent Process	
<b>Remarks:</b>		
<b>12</b>	Clarity and completeness of AV recording	
<b>Remarks:</b>		
<b>13</b>	Storage of recording in password protected laptop/ desktop computer and/ or hard drive and labelled CD with access allowed only to the principal investigator and designated members of the study team	
<b>Remarks:</b>		
<b>Signature of monitor [with date]</b>		

**Signature with date**  
**Chairperson, IEC**