

## WAIVER OF DOCUMENTATION OF CONSENT TRACKING – PHONE CALL FOLLOW-UP

ID NUMBER:										
------------	--	--	--	--	--	--	--	--	--	--

FORM CODE: **WPC**  
 VERSION: 1.0 11/19/2024

Event: \_\_\_\_\_

0a) Date of Waiver of Consent:   /   /     0b) Staff Code:

**Instructions:** Using the Waiver of Documentation of Consent Script to inform the participant about what is involved in the phone call follow-up procedures and after obtaining the participant's informed agreement from the phone conversation, please complete the responses on this form to document their waiver of documentation of consent for tracking purposes.

1) I have read the sIRB approved Waiver of Documentation of Consent Script for the phone call follow-up procedures to the participant. I have answered all the questions that I was asked by the participant to the best of my ability and the participant understands and agrees to what is involved in the phone call follow-up procedures in SPIROMICS III.

- No<sub>0</sub> → **Go to End**  
 Yes<sub>1</sub>

2) Please provide the initials, staff code, and date of signature for the research team member collecting and documenting the waiver as well as the initials, staff code, and date of signature for the study personnel who witnessed the collection and documentation of the waiver.

2a) Staff Initials:

2b) Staff Code:

2c) Staff Signature: \_\_\_\_\_

2d) Date of Staff Signature:   /   /

2e) Witness Initials:

2f) Witness Staff Code:

2g) Witness Signature: \_\_\_\_\_

2h) Date of Witness Signature:   /   /

**END OF FORM**