

# S01r0 Consent and Assent for Screening

Patient's Identification Number \_\_\_\_\_

Visit Date: \_\_\_\_\_

Correction?  Yes  
 No

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## 1. The legally authorized representative of the patient has given consent for screening.

1A. Date (yyyy/mm/dd): \_\_\_\_\_

1B. Time (24-hour clock): \_\_\_\_\_

2. The patient has given assent for screening. (If No or NA, skip to Staff ID #.)  Yes  
 No  
 NA

2A. Date (yyyy/mm/dd): \_\_\_\_\_

2B. Time (24-hour clock): \_\_\_\_\_

Staff I.D. #: \_\_\_\_\_