

S12r0 Consent And Assent For Randomization

Ad Hoc Event ID _____

Visit date: _____

Correction: Yes
 No

1. The legally authorized representative of the patient has given consent for screening. If No, skip to Staff I.D. #. Yes
 No

1A. Date: _____

1B. Time (24-hour clock): _____

2. The patient has given assent for randomization. If No, or NA, skip to Staff I.D. #. Yes
 No
 NA

2B. Date: _____

2C. Time (24-hour clock): _____

Staff I.D. #: _____