

If you do not have access to a scanner to scan the informed consent document into the participant's eD-H medical record, the consent can be interoffice mailed to Health Information Management (HIM) along with this cover sheet. If you have access to a scanner, the informed consent document can be scanned and named according to the [Tip and Trick for Scanning the Research Informed Consent](#).

Please note, the consent document cannot be scanned into eD-H if all of the fields on this form are not complete.

Please call the Dartmouth Clinical Trials Office at 653-3411 with any questions about the inclusion of the informed consent document in eD-H.

**Printed name of patient/participant:** \_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Encounter number for the visit during which informed consent was obtained:** \_\_\_\_\_

**Velos Study#:** \_\_\_\_\_

**Date the informed consent was signed by participant:** \_\_\_\_\_

**Printed name of person completing this form:** \_\_\_\_\_

**Phone number of person completing this form:** \_\_\_\_\_