

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: _____