



Consent Tracking

All Data Collection Points

CT-ALL

All Participants

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Consent Status

1. Facility Entering Consent Status: _____



2. Date Consent Status Determined:

If consent obtained, enter date consented. If consent not obtained, enter date non-consent status was determined. If consent withdrawn, enter date consent withdrawn.

				/			/		
YYYY					MM			DD	

3. Consent Status:

- ☐ Consent obtained from participant for full dataset
- ☐ Consent obtained from surrogate for full dataset
- ☐ Consent obtained from surrogate with participant assent for full dataset
- ☐ Consent not obtained for full dataset
- ☐ Consent withdrawn (valid only if participant was previously consented)
- ☐ Consent not obtained for minimal dataset
- ☐ Consent not needed (ntSCI)

Consent Obtained: Complete questions 4-6 only if consent was obtained.

4. Add to ~~RHI~~ the Praxis Mailing List?

☐ Yes

By signing up, I agree to receive news on projects, upcoming events, announcements and other notifications from the Praxis Spinal Cord Rick Hansen Institute. My consent can be withdrawn at any time. Please refer to www.rickhansenpraxisinstitute.org for our Privacy Policy or contact us for more details.

5. ~~Verbal~~ Restrictions ~~Given~~:

(check ALL that apply)

- ☐ No
- ☐ No contact for future research
- ☐ No community follow-up
- ☐ N/A (no verbal restrictions given)



6. If surrogate consent obtained, please indicate:

a) Name of surrogate: _____

b) Relationship of surrogate to participant: _____

Reason for surrogate consent: _____



Consent Not Obtained: Complete questions 7 & 8 only if consent was not obtained.

7. If consent not obtained, please indicate reason: (check ONE response)

- ☐ Participant not identified during visit to facility → Must complete question 8
- ☐ Consent declined
- ☐ Deceased
- ☐ Participant identified during visit to facility but discharged before able to approach
- ☐ Language barrier (specify language): _____
- ☐ Unable to consent (due to pre-morbid or new, lasting cognitive disorder [e.g., head injury, dementia, psychiatric disorder, mental disability, etc.] AND no surrogate is available)
- ☐ Other (specify): _____

Skip to
Data
Collection
Details.

8. If participant was not identified during visit to facility, how was he/she identified?

- ☐ Discharge Abstract Database (DAD)
- ☐ National Rehabilitation Reporting System (NRS)
- ☐ Health care team
- ☐ Other (specify): _____

Consent Withdrawal

9. Consent Withdrawn By:

- ☐ Participant
- ☐ Surrogate

Name of surrogate: _____

Relationship of surrogate to participant: _____

10. Reason for Withdrawal:

- ☐ No longer interested in participating
- ☐ Other (specify): _____
- ☐ Unknown, reason not provided

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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(Data Collection Details are for local use only and are not data entered)