

CLINICAL RESEARCH AUDIT FORM



MEDICAL RECORD NO.

ADMISSION DATE

OVERSEEING PHYSICIAN NAME

REVIEWED BY

DATE OF REVIEW

RESEARCH, EXPERIMENTS, AND TRIALS	IS THIS APPLICABLE?		DOCUMENTATION PRESENT	
	YES	NO	YES	NO
PATIENT CONSENT OF PARTICIPATION				
DESCRIPTION OF EXPECTED BENEFITS				
DESCRIPTION OF POTENTIAL RISKS				
DESCRIPTION OF ALTERNATIVE PROCEDURES				
EXPLANATION OF CURRENT PROCEDURE				
CONSENT FORMS SIGNED				
PATIENT'S RIGHT TO PRIVACY AND CONFIDENTIALITY				
PROCEDURE MATCHES THE CONSENT FORM				

IF "NO" SELECTED FOR ANY ITEM, PLEASE EXPLAIN:

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