**Winship Cancer Institute CTO Signature Page**

Name of Subject

 \_\_\_\_:\_\_\_\_ am / pm

Signature of Subject Date Time (please circle)

(18 or older and able to consent)

Name of Person Conducting Informed Consent Discussion

 \_\_\_\_:\_\_\_\_ am / pm

Signature of Person Conducting Informed Date Time (please circle)

Consent Discussion

 \_\_\_\_:\_\_\_\_ am / pm

Signature of Legally Authorized Representative Date Time (please circle)

Authority of Legally Authorized Representative or Relationship to Subject