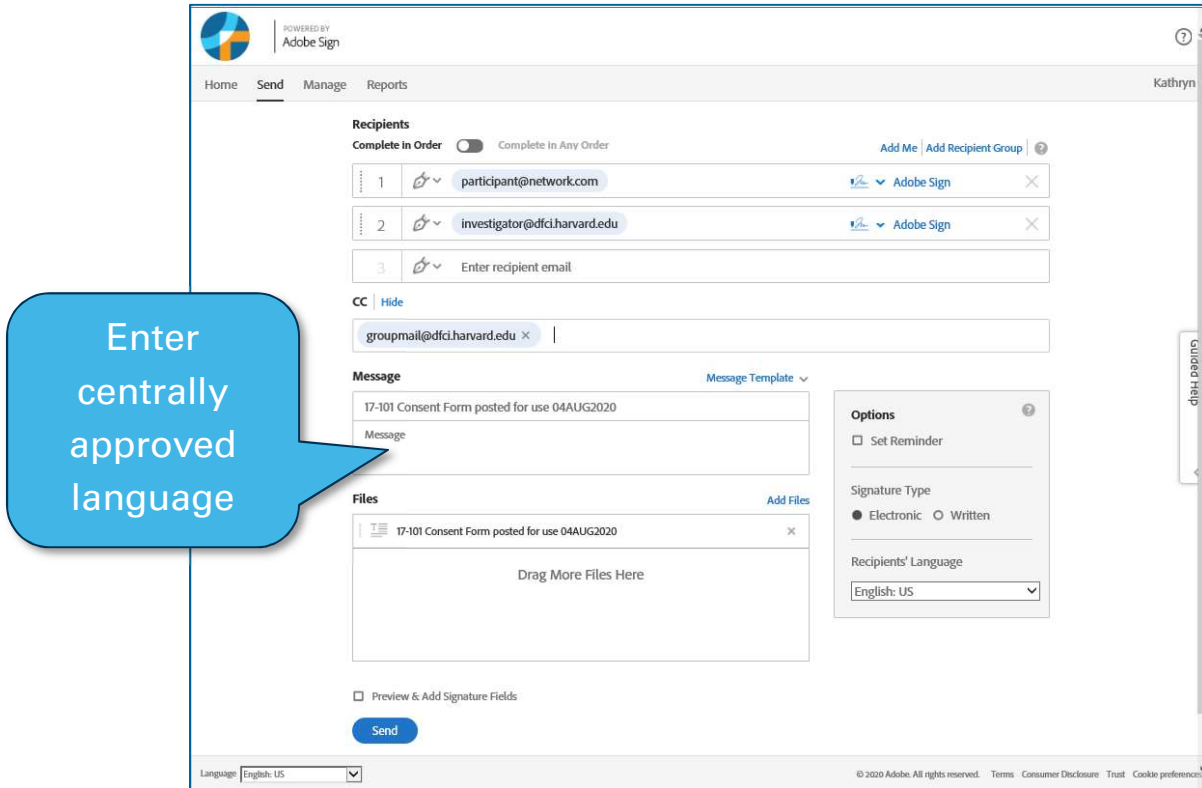


Adobe Sign Message

Research teams can utilize the following language in the message section of Adobe Sign (see screenshot below) when sending a research consent to a participant and investigator or other study member who will obtain consent.

See [<insert link for training>](#) and [<insert link for template guidance>](#) for more details about the consent process with Adobe Sign process.



The screenshot shows the Adobe Sign interface for sending a message. The 'Recipients' section lists two recipients: 'participant@network.com' and 'investigator@dfci.harvard.edu'. The 'Message' field contains the text '17-101 Consent Form posted for use 04AUG2020'. The 'Files' section shows a file named '17-101 Consent Form posted for use 04AUG2020'. The 'Options' section includes 'Set Reminder', 'Signature Type' (Electronic selected), and 'Recipients' Language' (English: US). A blue callout bubble with the text 'Enter centrally approved language' points to the 'Message' field.

Make sure to also send the participant the centrally approved complete Research Participant Adobe Sign Instructions [<insert link>](#) in a secure email or Patient Gateway message.

Note: If you plan to make any changes to the language below, you must obtain IRB approval.

Language to include in initial message:

Dear [<Insert Patient Name>](#) and [<Investigator Name or Name of other study member who can obtain consent>](#),



Please see the attached study consent form. If you wish to participate in the study, follow the instructions below to review and sign the form. Your study doctor or another study staff will also sign the consent form after you finish your sections.

If you have any questions about the Adobe Sign process or about the research study, please contact your study doctor, study staff listed in the study consent form, or me.

Sincerely,

<Insert Name of person sending the message>

<Insert role on the study e.g. Research Nurse, Clinical Research Coordinator, etc.>

Language to include in one reminder message:

Dear <Insert Patient Name> and <Investigator Name or Name of other study member who can obtain consent>,

This is a reminder about the attached study consent form. If you wish to participate in the study, follow the instructions below to review and sign the form. Your study doctor or another study staff will also sign the consent form after you finish your sections.

If you have any questions about the Adobe Sign process or about the research study, please contact your study doctor, study staff listed in the study consent form, or me.

Sincerely,

<Insert Name of person sending the message>

<Insert role on the study e.g. Research Nurse, Clinical Research Coordinator, etc.>