

**St. John Hospital and Medical Center  
22101 Moross, Detroit, Michigan 48236**

**CONSENT TO PARTICIPATE IN A CLINICAL RESEARCH STUDY  
and  
AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION FOR  
RESEARCH (HIPAA)**

**Title: Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic  
Urogynecologic Procedures**

**Principal Investigator: Sunetris Fluellen, MD**

**Phone: (313) 343-8306**

Please read the following material to ensure that you are informed of the nature of this clinical research study and how you will participate in it. Signing this form will indicate that you have been informed and that you give your consent to participate in a free manner. Federal regulations require written informed consent prior to participation in this clinical research study.

**Introduction**

This is an important form. Please read it carefully. It tells you what you need to know about this research study. If you agree to take part in this study, you need to sign this form. Your signature means that you have been told about the study and what the risks are. Your signature on this form also means that you want to take part in this study. This is a clinical trial, a type of research study. Your study doctor will explain the research study to you. Research studies include only people who choose to take part. Please take your time to make your decision about taking part. You may discuss your decision with your friends and family. You can also discuss it with your health care team. If you have any questions, you can ask your study doctor for more explanation.

You are being asked to take part in this research study because you are having robotic urogynecologic surgery done at St. John Hospital and Medical Center.

**Why is this research being done?**

The purpose of this study is to look at two different ways of closing the skin after robotic urogynecologic surgery. One way is to use sutures, or stitches, and the other is to use tissue adhesives, or glue. The researchers will compare how long it takes to close the skin between the two methods, and how the skin looks at a follow-up visit at 12 weeks.

**How many people will take part in this study?**

Approximately 40 women at St. John Hospital and Medical Center will be in this study.

**How long will I be in this study?**

You will participate in this study for your robotic surgery and at the follow-up visits. Your part in the study is complete after your 12 week follow-up visit.

**What will happen if I take part in this research study?**

If you choose to take part in this study, you will be randomized (put into one group or the other by chance). Your chances of being in one group are 1 in 2, like flipping a coin. This is a single-blind study, which means you will not know which group you are in until the study is completed. Your operation will proceed as usual. At the time of skin closure your surgeon will be told which closure method to use, either the skin adhesive (glue) or sutures (stitches). The researchers will record how long it takes to close your incision and how long the surgery takes. They will also record your background information and medical history from your medical records. They will score how well your incision is healing and how it looks when you come for your 12 week follow-up visit.

**What are the risks of the study?**

There are no foreseeable risks of the study that exceed the usual risks of the procedure (i.e. skin infection or bleeding). Every effort will be made to minimize any discomfort and these risks. There may be other risks that are unknown at this time. There is no known health risk of having your medical records reviewed. There is a possible risk of loss of confidentiality.

You should tell the person obtaining your consent if you are currently participating in any other medical research studies.

**What are the benefits of the study?**

There may be no direct benefit to you in participating in the study. In the future, other patients may benefit from the results of this study, when they become known.

**What other options are there?**

One option is to not participate. You do not have to participate in this research study in order to receive urogynecologic robotic surgery.

**Do I have to participate in this study?**

Your participation in this study is voluntary. Your refusal to participate will cause no penalty or loss of benefits which you would otherwise receive. If you decide to participate, you may change your mind about being in the study, and may quit at any time without penalty of loss of benefits regarding your future care. If new information becomes available during the study that may affect your

willingness to continue in the study, your doctor and/or his/her associate will discuss this information with you. Also, your doctor may stop your participation at any time if he/she feels it is in your best interest. If this happens, you may be asked to return for a follow-up visit.

**Will it cost anything to participate?**

We do not expect there to be any additional costs to you if you participate in this study. Items related to the routine medical care that you would receive even if you did not participate in this study will be billed to you or your insurance company. You have the right to ask what it will cost you to take part in this study.

**Will I be paid to participate?**

There will be no compensation to you for your participation in this study.

**Confidentiality of Records**

The principal investigators will have access to your medical records. While absolute confidentiality cannot be guaranteed, all research material which could identify you will be kept as confidential as possible within the state and federal laws. You should be aware that your medical records could be examined by the sponsor, the Institutional Review Board (a group of people who review the research to protect your rights), or government agencies in order to verify the data collected during this research study. If the results of this study are presented in any public forum, you will not be personally identified.

**What if I am injured?**

There is no compensation or pay offered for your medical care if you are injured as a result of participating in this study. You and/or your medical insurance may have to pay for your medical care if you are injured as a result of participating in this study. You are not giving up any of your legal rights by signing this consent form.

**Who do I call with questions about the study or to report an injury?**

If you have any questions regarding a research-related injury, you can contact:  
Dr. Sunetris Fluellen at (313) 343-8306.

If you have any questions about your rights as a subject in this clinical research study, you may contact the IRB representative at 313-343-8314 or 313-343-3863 at St. John Hospital and Medical Center.

**Participant HIPAA Authorization to Use and Disclose Protected Health Information (PHI)**

Your participation in this study will require the use and disclosure of certain medical and other information about you. The information that may be used or disclosed includes: any and all health care records such as: laboratory, pathology and/or radiology results; scans; x-rays; and Protected Health Information (PHI) previously collected for research purposes.

Your PHI will be used in the following ways: To conduct the research and to ensure that the research meets legal, institutional or accreditation requirements.

Your authorization to use and disclose the above information has no expiration date.

Your PHI may be seen, used or disclosed to the following:

- The researchers and members of the research team.
- Other health care providers or employees of St. John Providence Health System who provide services to you for this study.
- Representatives of the Institutional Review Board (IRB), the FDA (Food and Drug Administration), or other governmental agencies involved in research monitoring.
- Other agencies as required by law.

You have the right to review your PHI. However, if you agree to participate in the research study and sign below, you will not be able to look at your research information until the research study is completed.

You do not have to sign this authorization. If you decide not to sign the authorization it will not effect your treatment or eligibility for health benefits. However, if you do not sign this authorization you may not participate in this study.

You may withdraw your authorization at any time by notifying the principal investigator in writing, but the withdrawal will not affect any information already disclosed. However, you need to be aware that your written withdrawal of this Authorization may result in the termination of the research-related treatment being provided to you.

Sunetris Fluellen, MD  
St. John Hospital and Medical Center  
22101 Moross Road  
Detroit, MI 48236

When you sign this authorization, your health information may be re-disclosed by the researcher if permitted or required by applicable federal or state law.

**CONSENT**

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

You have had the opportunity to fully discuss the purpose of this clinical research study and how it will be carried out. Your questions have been answered. Your participation in this study is fully voluntary and you may withdraw at any time.

Your signature below acknowledges that you voluntarily agree to participate in this clinical research study, and you will receive a signed copy of this form.

\_\_\_\_\_  
Printed Name of Research Subject

\_\_\_\_\_  
Signature of Research Subject

\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

Check Relationship to Subject:\*

- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)    Spouse  
 Adult Son or Daughter    Mother or Father    Adult Brother or Sister    Other, explain:

Reason subject is unable to sign for self:

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Printed Name of Person Obtaining Consent

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Printed Name of Research Subject

  
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Signature of Research Subject

3-20-18  
\_\_\_\_\_  
Date

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Printed Name of Legally Authorized Representative

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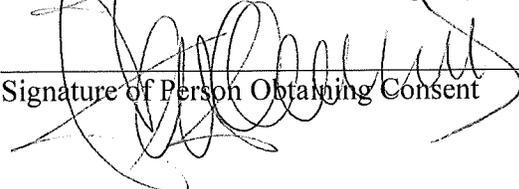
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M. FAISAL AKRAM, MD  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

  
\_\_\_\_\_  
Signature of Person Obtaining Consent

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Signature of Research Subject

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Printed Name of Legally Authorized Representative \_\_\_\_\_

Signature of Legally Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

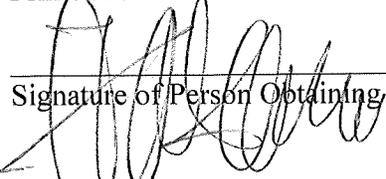
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M. F. Ashur M.D.  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

3-27-18  
Date

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Printed Name of Research Subject



Signature of Research Subject

3-28-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

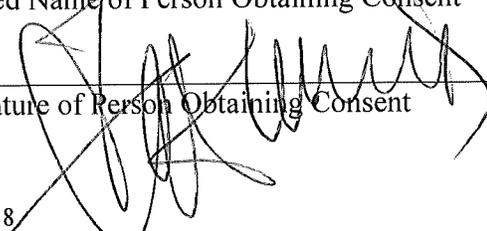
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M. FAISAL HASSAN MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

3-28-18

Date

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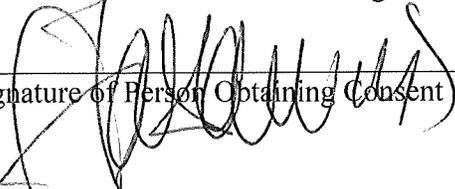
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M. FARUK KARAM  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

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Date

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Printed Name of Research Subject

  
\_\_\_\_\_  
Signature of Research Subject

4-10-18  
\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

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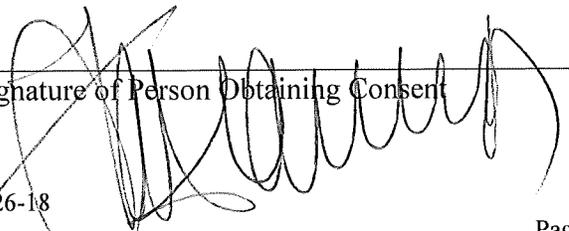
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Signature of Research Subject

4-17-18  
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Date

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Printed Name of Legally Authorized Representative

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Signature of Legally Authorized Representative

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Date

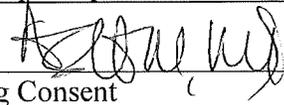
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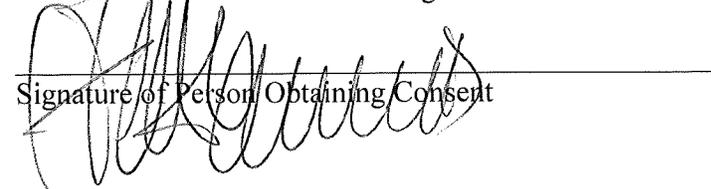
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M. TRICKL 

Printed Name of Person Obtaining Consent



Signature of Person Obtaining Consent

4-17-18  
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Date

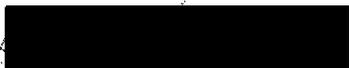
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*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

  
Signature of Research Subject

4-24-18  
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Signature of Legally Authorized Representative

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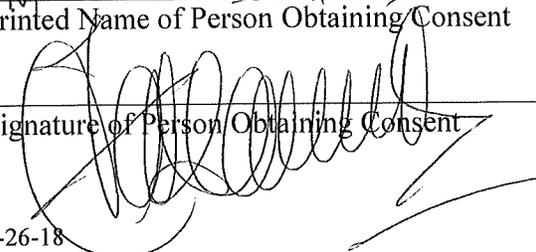
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Printed Name of Research Subject

X   
Signature of Research Subject

5-1-18

Date

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Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

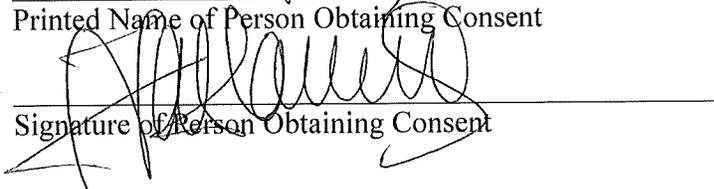
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M. F. ASLAM MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

5-1-18

Date

1-26-18

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\_\_\_\_\_  
Signature of Research Subject

5-15-18

\_\_\_\_\_  
Date

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\_\_\_\_\_  
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Signature of Legally Authorized Representative

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Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

1-26-18

Page 5 of 5

Institutional Review Board (IRB) at St. John Hospital & Medical Center - Approve 1/18/2018- valid through 1/17/2019.  
IRB# 1165375-2.

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_  
Printed Name of Research Subject

\_\_\_\_\_  
Signature of Research Subject ( )

5-22-18  
Date

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Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

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~~\_\_\_\_\_  
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\_\_\_\_\_  
Printed Name of Research Subject

  
\_\_\_\_\_  
Signature of Research Subject

5-24-18  
\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

Check Relationship to Subject:\*

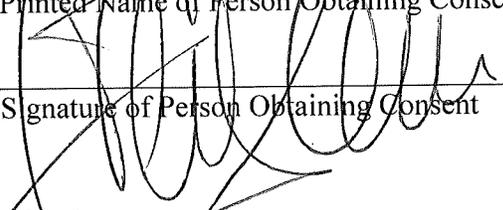
- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)     Spouse  
 Adult Son or Daughter     Mother or Father     Adult Brother or Sister     Other, explain:

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\_\_\_\_\_  
Printed Name of Person Obtaining Consent

  
\_\_\_\_\_  
Signature of Person Obtaining Consent

5/24/18  
\_\_\_\_\_  
Date

1-20-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

You have had the opportunity to fully discuss the purpose of this clinical research study and how it will be carried out. Your questions have been answered. Your participation in this study is fully voluntary and you may withdraw at any time.

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Printed Name of Research Subject

  
Signature of Research Subject

5/29/18  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

Check Relationship to Subject:\*

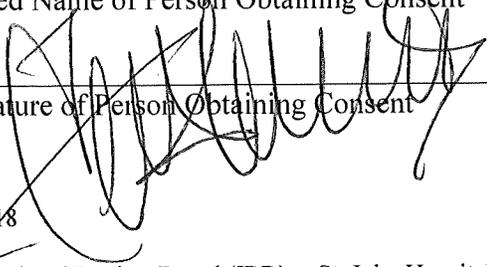
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M. FAISAL AKHTAR, MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

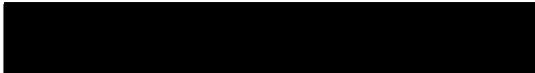
5-29-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

X   
Signature of Research Subject

6-5-18  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

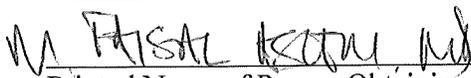
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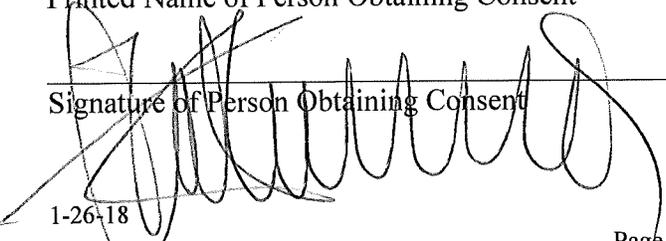
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Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

6-5-18  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Signature of Research Subject

6-5-18  
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Date

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Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

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*Faisal Azam, MD*  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

*[Signature]*  
\_\_\_\_\_  
Signature of Person Obtaining Consent

6-5-18  
\_\_\_\_\_  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

X   
Signature of Research Subject

6-12-18  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

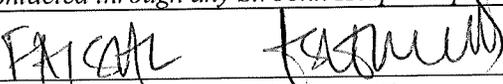
Check Relationship to Subject:\*

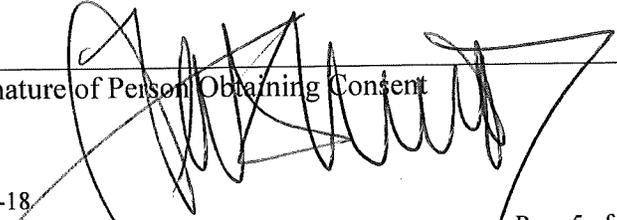
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Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

6-12-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_  
Printed Name of Research Subject

\_\_\_\_\_  
Signature of Research Subject

4-9-18  
\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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M. F. Aslam, MD  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

4/9/18  
\_\_\_\_\_  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted]

Printed Name of Research Subject

7-10-18

Signature of Research Subject

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)     Spouse  
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Faisal Khan MD  
Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

7-10-18

Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_

Printed Name of Research Subject

\_\_\_\_\_

Signature of Research Subject

7-11-18  
\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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FAISAL HASSAN, MD  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

7-11-18  
\_\_\_\_\_  
Date

1-26-18

Page 5 of 5

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_

Signature of Research Subject

7-11-18  
\_\_\_\_\_  
Date

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\_\_\_\_\_  
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\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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ERICAL [Signature]  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

7-11-18  
\_\_\_\_\_  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

✓   
Signature

7-17-18  
Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

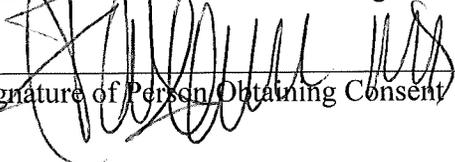
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M.F. ASHALL MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

7-17-18  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_  
Printed Name of Research Subject

X \_\_\_\_\_  
Signature of Research Subject

7-19-18  
\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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- Spouse
- Adult Son or Daughter
- Mother or Father
- Adult Brother or Sister
- Other, explain:

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M. F. ASHMAN  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

M. FAISAL KAVAR  
\_\_\_\_\_  
Signature of Person Obtaining Consent

7-19-18  
\_\_\_\_\_  
Date

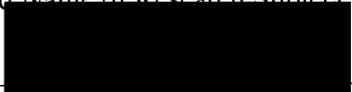
*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Your signature below acknowledges that you voluntarily agree to participate in this clinical research study with the understanding of the information on this form.



Printed Name of Research Subject



Signature of Research Subject

7-24-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)     Spouse  
 Adult Son or Daughter     Mother or Father     Adult Brother or Sister     Other, explain:

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M. F. [Signature]

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

7-24-18

Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted]

Printed Name of Research Subject

[Redacted]

Signature of Research Subject

7-25-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)  Spouse  
 Adult Son or Daughter  Mother or Father  Adult Brother or Sister  Other, explain:

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M. F. [Redacted]

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

7-25-18

Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted]

Printed Name of Research Subject

[Redacted]

Signature of Research Subject

7-31-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)  Spouse  
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M. F. ASSON MD

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

7-31-18

Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

  
Signature of Research Subject

8-7-18  
Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

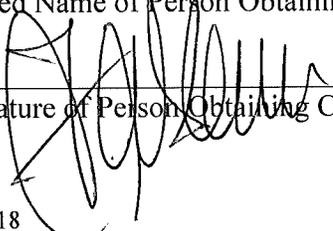
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M. FAISAL HASSAN, MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

8-7-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Signature of Research Subject

8-7-18

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Date

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Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

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Date

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Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

8-7-18

\_\_\_\_\_  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted]

Printed Name of Research Subject

[Redacted]

Signature of Research Subject

8-9-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

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M. Faisal [Signature]

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

8-9-18

Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Your signature below acknowledges that you voluntarily agree to participate in this clinical research study, and you will receive a signed copy of this form.

[Redacted]  
Printed Name of Research Subject

[Redacted]  
Signature of Research Subject

8-21-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

- Legal Guardian or Legally Authorized Representative for Medical Care (LARM)  Spouse  
 Adult Son or Daughter  Mother or Father  Adult Brother or Sister  Other, explain:

Reason subject is unable to sign for self:

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M. FAISAL ALI  
Printed Name of Person Obtaining Consent

[Signature]  
Signature of Person Obtaining Consent

8-21-18

Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_  
Printed Name of Research Subject

  
\_\_\_\_\_  
Signature of Research Subject

12-21-18  
\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

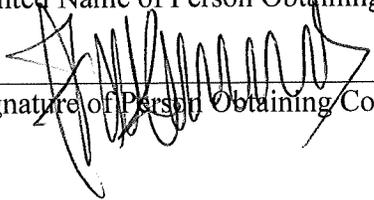
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M. F. ARSOM M.D.  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

  
\_\_\_\_\_  
Signature of Person Obtaining Consent

12-21-18  
\_\_\_\_\_  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_  
Printed Name of Research Subject

\_\_\_\_\_  
Signature of Research Subject

8-22-18

\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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 Adult Son or Daughter     Mother or Father     Adult Brother or Sister     Other, explain:

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M. FARAL  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

8-22-18  
\_\_\_\_\_  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

  
Signature of Research Subject

8-28-18  
Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

Check Relationship to Subject:\*

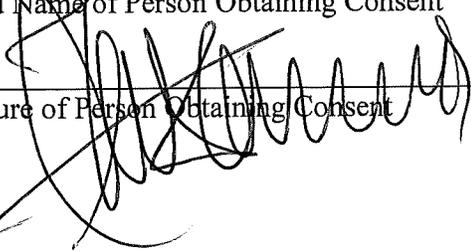
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M. FAISAL ISLAM MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

8-28-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_

Printed Name of Research Subject

\_\_\_\_\_

Signature of Research Subject

8-22-18

Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_

Printed Name of Legally Authorized Representative

\_\_\_\_\_

Signature of Legally Authorized Representative

\_\_\_\_\_

Date

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M. J. H. [Signature]

Printed Name of Person Obtaining Consent

\_\_\_\_\_

Signature of Person Obtaining Consent

8-28-18

Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_

Printed Name of Research Subject

X \_\_\_\_\_

Signature of Research Subject

8-30-18  
\_\_\_\_\_ Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_ Printed Name of Legally Authorized Representative

\_\_\_\_\_ Signature of Legally Authorized Representative \_\_\_\_\_ Date

Check Relationship to Subject:\*

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M. FAISAL ASHRAF, MD  
\_\_\_\_\_ Printed Name of Person Obtaining Consent

\_\_\_\_\_ Signature of Person Obtaining Consent

8-30-18  
\_\_\_\_\_ Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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\_\_\_\_\_  
Printed Name of Research Subject

\_\_\_\_\_  
Signature of Research Subject

9-4-18  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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M. F. [Signature]  
Printed Name of Person Obtaining Consent

[Signature]  
Signature of Person Obtaining Consent

9-4-18  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject



Signature of Research Subject

9-11-18  
Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

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Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

9-11-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Printed Name of Research Subject

\_\_\_\_\_

Signature of Research Subject

9-25-18

\_\_\_\_\_

Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_

Printed Name of Legally Authorized Representative

\_\_\_\_\_

Signature of Legally Authorized Representative

\_\_\_\_\_

Date

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Signature of Person Obtaining Consent

9-25-18

\_\_\_\_\_

Date

1-26-18

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[Redacted]

Printed Name of Research Subject

[Redacted]

Signature of Research Subject

9/25/18  
Date

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Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

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M. PACHA [Signature]  
Printed Name of Person Obtaining Consent

[Signature]  
Signature of Person Obtaining Consent

9/25/18  
Date

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Printed Name of Research Subject

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Signature of Research Subject

9-27-18  
\_\_\_\_\_  
Date

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Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

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M. F. HASAL ARSHAD, MD  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

9-27-18  
\_\_\_\_\_  
Date

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted]

Printed Name of Research Subject

[Redacted]

10-2-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

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M. FAISAZ [Signature]  
Printed Name of Person Obtaining Consent

[Signature]  
Signature of Person Obtaining Consent

10-2-18

Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted Name]

Printed Name of Research Subject

[Redacted Signature]

Signature of Research Subject

10-16-18

Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

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M. FAIZAL ISLAM, MD

Printed Name of Person Obtaining Consent

[Handwritten Signature]

Signature of Person Obtaining Consent

10-16-18

Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted]

Printed Name of Research Subject

[Redacted]

Signature of Research Subject

11-6-18  
Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

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M. FAISAL ABUSUM, MD  
Printed Name of Person Obtaining Consent

[Handwritten Signature]  
Signature of Person Obtaining Consent

11-6-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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[Redacted Signature Area]

11-13-18  
Date

**Legally Authorized Representative (if applicable):**

\_\_\_\_\_  
Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

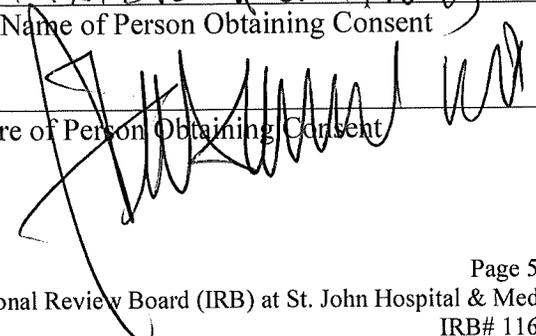
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M. FAISAL KASIM, MD  
\_\_\_\_\_  
Printed Name of Person Obtaining Consent

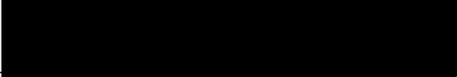
  
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Signature of Person Obtaining Consent

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*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

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Signature of Research Subject

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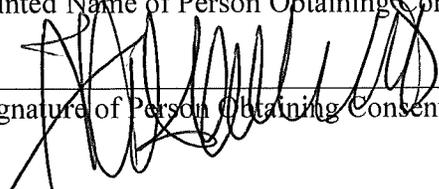
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M. PAISOL REASON, MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

11-27-18  
Date

1-26-18

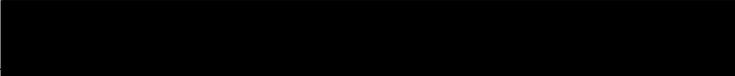
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Printed Name of Research Subject



Signature of Research Subject

12-4-18  
Date

**Legally Authorized Representative (if applicable):**

Printed Name of Legally Authorized Representative

Signature of Legally Authorized Representative

Date

Check Relationship to Subject:\*

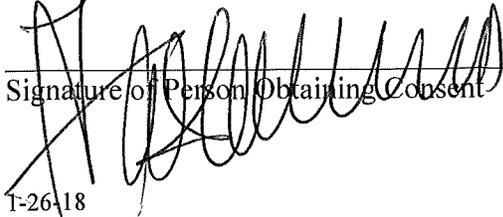
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M. FAISAL ASLAM, MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

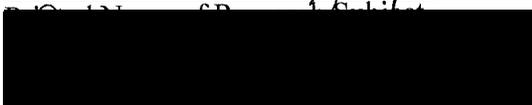
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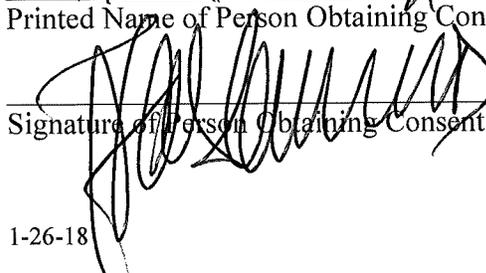
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 Adult Son or Daughter     Mother or Father     Adult Brother or Sister     Other, explain:

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M. PAISAL AZUM MD  
Printed Name of Person Obtaining Consent

  
Signature of Person Obtaining Consent

12-11-18  
Date

1-26-18

*Skin Closure with Tissue Adhesives vs. Subcuticular Suture after Robotic Urogynecologic Procedures*

You have had the opportunity to fully discuss the purpose of this clinical research study and how it will be carried out. Your questions have been answered. Your participation in this study is fully voluntary and you may withdraw at any time.

Your signature below acknowledges that you voluntarily agree to participate in this clinical research study, and you will receive a signed copy of this form.

\_\_\_\_\_  
Printed Name of Research Subject

\_\_\_\_\_  
Signature of Research Subject

\_\_\_\_\_  
Date

**Legally Authorized Representative (if applicable):**

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Printed Name of Legally Authorized Representative

\_\_\_\_\_  
Signature of Legally Authorized Representative

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Date

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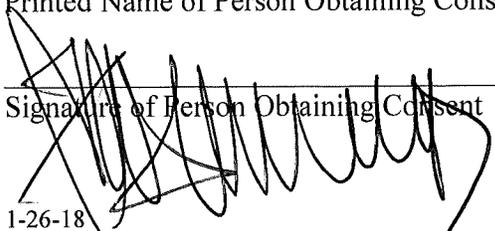
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Printed Name of Research Subject

[Redacted]

Signature of Research Subject

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Signature of Legally Authorized Representative

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M. FAISAL AGAM, MD  
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[Signature]  
Signature of Person Obtaining Consent

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M. FAISAL ABU M...

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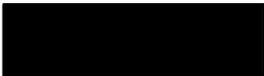
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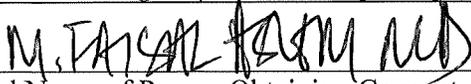
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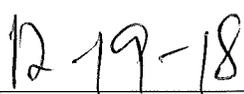
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