Sign into **DocuSign**

Enter work email

Do	ocuSign
Please log	in to your account
Email address	8
	CONTINUE
No acco	ount? Sign up for free

Sign in using UTH user name and password

UTHealth The University of Texas Health Science Center at Houston	
Sign in with your organizational account	
Isername	

If you are not logged into the part 11 component of DocuSign click on your profile and switch account

DocuSign eSignature	Home	Manage	Templates	Reports		⑦ SP
	ocuSigned by: with faylcor 4186271FB0842C		Last 6 Months O Action Required	O Waiting for Others	1 Comple	Shwetha Pazhoor Shwetha Pazhoor@uthtmc.edu Account #89393024 (Default) UTHeolth - Master Account Manage Profile
					 	Switch Account
			Drop docum	nents here to get started		My Preferences
				or		Log Out
				START •	 	

Select the CFR21p11 account

	-	~				• ~	2
Signature	Home	Manaae Tem	aplates R	eports		×	
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Confirm it is part 11 module



How to set up eConsent in DocuSign:

Click on "Templates" and "NEW" and select "Create Template"

ignature	Home	Manage	Templates	Reports	Settings						
						Developer Sandbox Environm	ent				
N	IEW	Му Т	emplates					[Q Search My Templat	es	+++ FILTERS
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- rempia											

Name template and upload consent document

How to send a document

Click on start

Select document needed

Add selected

Add recipient s

Add signing order

Enter subject and message

Next

Assign signature fields

Send now

	Last 6 Months				
Docusigned by: Shurtha farshoor Ad 19827 IF BOG42C	O Action Required	0 Waiting for Others	D Expiring Soon	0 Completed	
	Sign or get	signatures			
	STA	RT V			
Automate Envelope Routing	Save tim	e with bulk send	Drawing		

eConsent for HSC-M	IS-20-000		
Template Description	ı (optional)		

Add Documents to the Envelope



Save and close

LOOKII

Add recipients to envelope (make sure signing order is checked)

Add Recipients to the Envelope

As the sender, you automatically receive a copy of the completed envelope.

Role	NEEDS TO SIGN	MORE T			
Participant					
Name					
John Doe 2					
Email					
johndoe@xxx.com					
Role	🖋 NEEDS TO SIGN 🔻	MORE V			
Person Obtaining Consent					
Name					
Jane D 🔳					
Email					
janed@xxx.com					
Role	CC RECEIVES A COPY	MORE V			
PI					
Name					
Dr XXX 🖪					
Email					
drxxx@vvv.com					

Message to all recipients:

hessage to All Recipients	
Custom email and language for each recipient	
Email Subject	
Please DocuSign:	Ð
Characters remaining: 100	
Email Message	
Enter Message	

Click on NEXT:

Add Recipients to the Envelope				
As the sender, you automatically receive a copy of the completed envelope.		LOOKING FOR IMPORT BULK LIST?	ADD FROM CONTACTS	TE SIGNING ORDER
1 Role Zericipant Zericipant Name	IIGN * MORE *			
				SAVE AND CLOSE NEXT



This will take you to the consent document that was uploaded:

Go to bottom of the ICF where signatures are needed-now you can drag the signature, date signed and name form left hand side list(Standard Fields) to the appropriate location(make sure subject is selected in the top drop down)



Repeat steps for person obtaining consent



Save and Close

How to email eConsent to patient using DocuSign:

Go back to templates and click on "USE"

JSign eSignature	Home	Manage	Templates	Reports	Settings						
						Developer Sandbox Environmen	nt				
	NEW	Мут	emplates						Q Search My Templat	es	≑ FILTERS
TEMPLA	TES		Name			Owner	PowerForms	Created Date	Last Change 🔻	Folders	
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📋 Del	eted										
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Fill out all information and send:

cerp	ients	
	Subject Name * Email *	NEEDS TO SIGN MORE V
	Person Obtaining Consent Name * Shwetha Pazhoor Email * shwetha.pazhoor@uth.tmc.edu	NEEDS TO SIGN MORE V
1essa	age to All Recipients stom email and language for each recipient ject	Advanced Options Edit • Recipients can sign on paper • Recipients can change signing responsibility • Incomplete envelopes expire 120 days after send date • Recipients are warned 0 day(s) before request expires
o: Subj mail La Englisi	anguage * h (US) ▼	Comments are enabledSenders can use either quick send or advanced edit

×

Patient will get email with link-once patient clicks link they will be able to see the consent-they will click on start

DocuSign Envelope ID: 7BEAF2A1-A6A5-436	80-B507-2200B116377C UTTHE University of Texas Multi Busines Control of Neutrino Decument ONLY PROVIDED BY DOCUSION ONLINE SIGNING SERVICE 999 93 dx Ave. Suite 1700 • Seattle • Washington 98104 • (206) 219-0200 www.docusign.com					
	CONSENT TO TAKE PART IN RESEARCH					
Consent Template Vers This is a template – ple	sion: January 2019. case replace all the text in blue with study specific information.					
Simple Study Title:	Simple Study Title: <use <u="">www.clinicaltrials.gov title, if the study not registered use iRIS study alias></use> 					
Full Study Title:	I Study Title: 					
Study Sponsor:	<if delete="" is="" line="" not="" sponsored,="" study="" the="" this=""></if>					
Principal Investigator:	<pi credentials;="" e.g.="" internal="" john="" md,="" medicine,<br="" name,="" professor,="" smith,="">UTHealth></pi>					
Study Contact:	<include and="" doe,="" e.g.,="" jane="" name="" number;="" nurse,<="" phone="" research="" rn,="" th="" the=""></include>					

Click on Sign

Reason for signature will pop up-patient has to chose the reason

Then patient has to log in again to sign

Click on FINISH

Done! Select Finish to send the completed document.	FINISH	OTHER ACTIONS V
Q Q 🕹 🖬 🗘 🛈		
Informed Consent <short titligs<sup="">un docusign com Page 8</short>		
Sign Sign below only if you understand the information given to you about the research and you choose to take part in this research study. Make sure that all your questions have been answered. If you decide to take part in this research study, a copy of this signed consent form will be given to you.		
Sheetha Pazhoor Sheetha Pazhoor 7/27/2020 Printed Name of Subject Signature of Subject Date		
Printed Name of Legally Signature of Legally Authorized Date Time Authorized Representative Representative		

Coordinator will get an email notification to review document

Click on the link

Click on NEXT and SIGN

Click on FINISH

If coordinator has not signed the main page will show action required

	Sign	or Get Signatures	NEW
OVERVIEW	Last 6 Months	DEVELOPER SANDBOX	MY DOCUSIGN ID
Action Required	1 >	This is your sandbox (demo) environment, wi enables you to configure your apps for API integration, including integrator keys and associated parameters.	hich Shwetha Pazhoor shwetha pazhoor@uth.tmc.edu Member since 2020
④ Waiting for Others	>	This sandbox is a full-featured development	at for
A Expiring Soon	>	eSignature through this account are flagged red demo watermark and are thereby not leg binding.	with a Create Your Signature
✓ Completed	1 >	GETTING STARTED	
		All guidance about using your sandbox demo account, coding your integrations, and migra a production account can be found in the Developer Center. If you are just starting out, checkout our Getting Started Guide	o ating to

.....

Coordinator will get email with completed ICF

How to Text patient with url:

Select template and select Create Power Form from drop down

NEW	Му Те	mplates			[Q Search My Templa	les	++ FILTERS
TEMPLATES		Name	Owner	PowerForms	Created Date	Last Change 🔻	Folders	
💄 My Templates		eConsent test 1			7/23/2020	7/27/2020		
Shared with Me	¥	Eligible for matching	Shwetha Pazhoor	 1 Active 	02:20:10 pm	11:40:46 am		USE 🔻
All Templates		[Untitled]			7/27/2020	7/27/2020		Edit
🚖 Favorites	1 12	Eligible for matching	Shwetha Pazhoor		11:26:05 am	11:26:06 am		Move
Deleted								Share to Folders
								Create a Copy
▼ FOLDERS +								Edit PowerForm
Templates								Create PowerForm
								Include in Matching
SHARED FOLDERS +								Exclude from Matching
								Delete
								Download
								Share with Users
								Transfer Oumership

Click on Create

lame		
eConsent test 1		
mail Subject *		
Please DocuSign: ICF		
nstructions for First Recipient Only Fill in the name and email for each sig	gning role listed below. Signers will receive an email inviting them to sign this	
document.		
document.		

Click on Copy (this will copy the url link)

owerForm	PowerForm URL	×
envelope initiated from a UI	URL LINK EMBED CODE	
	URL https://demo.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=dccf3ed4-ba68-4c15-a761-	
r: IOF	СОРУ	
First Recipient Only	listed below. Signers will receive an email inviting them to sign this	

Email the url to yourself and open the email on your phone-copy the url and text it to patient

How to Download the ICF:

You can go to Manage and click on the required ICF

DocuSign eSignature Home	Manage Templates Reports S	Settings					⑦ SP
		Developer Sandbox Environment					
NEW	Envelopes Clickwraps						
Shared Envelopes	Completed			Q Search Quick Views	3		
ENVELOPES	Filtered by: Date (Last 6 Months) Edit						
inbox	Subject		Status	Last Change 🔻	Folder		
🚿 Sent	Please DocuSign: ICF		Completed	7/27/2020 12:10:15 pm	Inbox Sent	MOVE *	
□ Drafts							
Deleted	To: Shwetha Pazhoor, Shwetha Pazhoor		Completed	7/27/2020 11:51:27 am	Inbox Sent	MOVE V	
PowerForms	Please DocuSign: COVID-19 Plasma Spai To: Shwetha B, Shwetha Pazhoor	nish Consent.pdf	Completed	7/23/2020 02:35:11 pm	Sent	MOVE *	
QUICK VIEWS							
Action Required		Looking for more? Edit yo	ur filters				

Click on download icon

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T= SIGNING ORD
Signed on 7/27/2020 11:49:54 am Signed in location
✓ Signed on 7/27/2020 11:51:27 am Signed in location

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E
27/2020 11:48:54 am d in location
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