

1 *Keto Brain: Investigating the Use of*  
2 *Ketogenic Diets in Brain Metastases*

3  
4 *The Ohio State University*

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6 *IRB Approval 13 April 2022*

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8 *IRB# 2020C0046*

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32 **The Ohio State University Combined Consent to Participate in**  
33 **Research and HIPAA Research Authorization**  
34

**Study Title:** Keto-Brain: Investigating the Use of Ketogenic Diets in Brain Metastases

**Principal Investigator:** Jeff Volek, PhD

**Sponsor:** Kroger

- 35
- 36 • **This is a consent form for research participation.** It contains important information  
37 about this study and what to expect if you decide to participate. Please consider the  
38 information carefully. Feel free to discuss the study with your friends and family and to  
39 ask questions before making your decision whether or not to participate.
  - 40 • **Your participation is voluntary.** You may refuse to participate in this study. If you  
41 decide to take part in the study, you may leave the study at any time. No matter what  
42 decision you make, there will be no penalty to you and you will not lose any of your  
43 usual benefits. Your decision will not affect your future relationship with The Ohio  
44 State University. If you are a student or employee at Ohio State, your decision will not  
45 affect your grades or employment status.
  - 46 • **You may or may not benefit as a result of participating in this study.** Also, as  
47 explained below, your participation may result in unintended or harmful effects for you  
48 that may be minor or may be serious depending on the nature of the research.
  - 49 • **You will be provided with any new information that develops during the study that**  
50 **may affect your decision whether or not to continue to participate.** If you decide to  
51 participate, you will be asked to sign this form and will receive a copy of the form. You  
52 are being asked to consider participating in this study for the reasons explained below.  
53

54 **Key Information About This Study**

55 The following is a short summary to help you decide whether or not to be a part of this study.  
56 More detailed information is listed later in this form.  
57

58 The brain can be a home for many cancer cells and remains a challenging site to treat. Surgery  
59 and radiation therapies are the most common treatments used for patients with limited numbers  
60 of brain tumors. Overall survival has also improved significantly for patients with cancer in the  
61 brain, so the complications of radiation is becoming more important. Preclinical studies have  
62 demonstrated the ability of certain diets and caloric restriction to improve radiotherapy  
63 outcomes. One of the main side-effects of radiation therapy is the inflammation response in the  
64 area around the cancer. Some basic research indicates that a ketogenic diet may help dampen  
65 inflammation and be helpful in treating cancers. No current research exists in a clinical  
66 population investigating the effects of a ketogenic diet in the context of radiation therapy

67 outcomes in individuals with cancers in the brain. The primary objective of this study is to  
68 compare a ketogenic diet to the current standard American Institute of Cancer Research diet in  
69 patients with cancers in the brain.

70  
71 In brief, this study will randomly assign you to one of two intervention arms: a low  
72 carbohydrate, high fat 'ketogenic' diet or a low fat, low sugar, nutrient dense American Institute  
73 of Cancer Research diet. After enrollment you will be asked to complete a series of research  
74 tests including standard of care imaging to determine baseline cancer volumes and brain  
75 structures, body composition, blood work, cognitive tests, and surveys. Following baseline  
76 testing you will start your assigned dietary intervention and undergo your standard of care  
77 routine radiation therapy for a period of 16-weeks. Various tests will be performed according  
78 to the schedule described later in the document.

79

### 80 **1. Why is this study being done?**

81

82 This study is being conducted to investigate whether a ketogenic diet (a low-carbohydrate,  
83 moderate-protein, high-fat diet) or an American Institute of Cancer Research Diet focused on  
84 low-fat, nutrient dense foods is better for individuals undergoing radiation therapy with brain  
85 metastases. The main outcomes will be feasibility and tolerability of the diets, disease  
86 progression (tumor and other related health markers) and quality of life measures.

87

88 Specific diets have been used for decades to manage a variety of clinical conditions and have  
89 been documented to be safe. A ketogenic diet increases the production of ketones and the use  
90 of fat for fuel, which we think will be associated with several positive health effects in  
91 individuals with brain mets. Previous research has demonstrated that a ketogenic diet is safe to  
92 consume in a patient population with advanced metastatic disease. Furthermore, ketogenic diets  
93 are currently being investigated in numerous other disease states including pre-diabetes, type-  
94 2 diabetes, various neurological diseases, and cancer models including most notably, brain  
95 cancer. The American Institute of Cancer Research (AICR) dietary approach is a highly  
96 researched cancer prevention dietary approach. World leading cancer experts have generated  
97 what can be considered as a wholesome, complete nutritional program that focuses on nutrient  
98 dense foods to improve health. While both diets have the potential for improving outcomes,  
99 neither has ever been tested in this specific patient population.

100

101 Your doctor has ordered a radiation therapy regimen to treat your cancer. You are invited to  
102 take part in this study to help find out the effects of diet as a possible therapeutic treatment for  
103 changes in quality of life, cognitive function, inflammation and tumor-related changes, in  
104 combination with your standard therapies.

105

### 106 **2. How many people will take part in this study?**

107 We plan to enroll a total of 24 patients with advanced stage cancer of various subtypes. The  
108 ketogenic diet arm will have 12 patients randomly assigned, and the AICR diet will have 12  
109 patients randomly assigned.

110

### 111 **3. What will happen if I take part in this study?**

112

113 You will need to have the following exams, tests or procedures if you decide to be in the study.  
114 They are being done in order to better understand how well you are tolerating chemotherapy as  
115 well as the study intervention.

- 116 • Medical history
- 117 • Physical exam
- 118 • Questionnaires asking about your mood
- 119 • Questionnaires asking about your memory and thinking
- 120 • Food Frequency Questionnaires and Diet Records
- 121 • Blood tests for metabolic markers
- 122 • Cognitive tests
- 123 • Magnetic Resonance Imaging (MRI) for advanced brain and cancer structures
- 124 • Body composition assessment to determine body fat percentage and quantity of lean  
125 mass via dual energy x-ray absorptiometry (DEXA).

126

127 Dietary Changes:

128

129 You will be provided individualized counseling by trained dietitians who will educate and  
130 support you in following either the AICR or Ketogenic diet. The dietitians will provide  
131 educational materials, meal plans, food lists, and ongoing support throughout the 16-week  
132 intervention. You will have the opportunity to ask questions via phone or text as often as you  
133 need. You will be given up to 7 days worth of meals to help you transition into your diet before  
134 testing days. These meals will supply 100% of your calories, so you will not need to eat anything  
135 other than the food provide.

136

#### 137 AICR Diet

138 The cohort receiving the AICR dietary guidelines will be asked to shift their dietary intake to a  
139 more plant-based approach. Participants will be asked to approximate 2/3 of their plate to plant  
140 based vegetables, whole grains, beans or fruits and 1/3 of their plate to protein sources. An  
141 example menu will be provided.

142

#### 143 Ketogenic Diet

144 Ketogenic diets are low in carbohydrate, high in fat, and moderate in protein. This is likely a  
145 very different approach to eating than you have previously followed. We will ask you to limit  
146 foods with a high sugar or starch content such as cereal, pasta, sweets, some vegetables (peas,  
147 corn), fruit juices, and regular soda. Foods permitted include non-starchy vegetables, eggs,  
148 cheese, cream, butter, sour cream, nuts/seeds, oils (olive, canola, coconut), certain fruits  
149 (tomatoes, berries, olives, avocado), meats (beef, chicken, fish, pork) and other naturally low-  
150 carbohydrate foods.

151

#### 152 Screening

153 The purpose of the screening meeting is to determine if you meet our initial qualifying criteria,  
154 outlined below. During this meeting you will meet with either a research or a clinical

155 coordinator to discuss any questions that may arise. If you qualify and enroll in the study you  
156 will be randomized into either the AICR or ketogenic diet group.

157

158 Treatment Plan

159 All participants will receive standard of care radiation therapy. They will have counseling by  
160 the attending physician for additional applicable medications for any therapy related side  
161 effects or toxicities.

162

163 Cognitive Tests

164 Cognitive assessment will be done using computer-based tests of attention, concentration,  
165 reaction time, memory, processing speed, decision-making, and executive function.

166

167 Finger Stick Testing

168 Throughout the duration of the dietary intervention, you will be asked to finger-stick testing for  
169 each day. This will provide us with the information we need to adjust your diet so that you  
170 maintain a specific level of ketones in your blood. You will be provided with the meter and we  
171 will teach you how to use it.

172

173 Activity Monitor:

174 A physical activity tracker will be worn around the wrist daily for heart rate and step  
175 counting.

176

177 Continuous Glucose/Ketone Monitor.

178 An adhesive patch with a tiny needle will be placed on the back of your arm. This will  
179 provide 4 weeks worth of glucose/ketone readings to make sure you are responding well to  
180 your diet.

181

182

183

184 Participant Testing

185 As part of the study, you will undergo a history and physical examination including review of  
186 your medications and supplements. You will also have a blood test to check markers of  
187 metabolic function. You will be asked to keep a record of any side effects or changes in your  
188 body or health that occur during the study period. You will be asked to complete questionnaires  
189 about how you are feeling at the beginning of the study, monthly during the study, and at the  
190 end of the study. These are very general questions about any emotional symptoms you have  
191 but you do not have to answer any questions that you do not feel comfortable about. These  
192 forms will all take approximately 30 minutes and will be done as part of your clinic visit (such  
193 as the time when you are waiting for your doctor to see you.) These forms will let us know  
194 how you are feeling in terms of anxiety and depression symptoms at the beginning of the study  
195 and throughout the study period. The blood tests and questionnaires are being performed solely  
196 for research purposes. The history and physical examination will be part of your regular follow-  
197 up care whenever possible but may be performed solely for the purpose of this study. Imaging  
198 of your brain will be completed at the beginning of the study and after 8 and 16-weeks according

to standards of care. You will also undergo DEXA scans to determine the density of your bones as well as to assess your body fat percentage at baseline and study end. A battery of cognitive tests will be performed at baseline, 8 and 16-weeks. In the event of progressive disease, the final testing battery will be completed prior to study removal.

Below you will find a general overview of testing to be completed during the study.

Tests & observations	Week				
	0	4	8	12	16
Signed informed consent	x				
History and Physical Exam	x				x
Height/weight	x	x	x	x	x
Imaging (standard of care)	x		x		x
Continuous Glucose/Ketone Monitoring	x		x		x
Ketone Finger Sticks	x	x	x	x	x
Activity Tracker	x	x	x	x	x
DXA Bone & Body Fat Quantification	x				x
Cognitive Testing	x		x		x
Review of medications	x	x		x	
Performance status	x		x		x
Questionnaires	x		x		x

**4.**

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

You will be enrolled in the study for a 16-week duration following the initiation of radiation therapy.

**5. Can I stop being in the study?**

You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

**6. What risks, side effects or discomforts can I expect from being in the study?**

Because we will be obtaining information about a participant's medical history, lifestyle behaviors, and measuring biomarkers that will become part of the electronic health record, there is a chance that we will uncover or discover sensitive information regarding a person's health status. Although unlikely, this information could cause emotional distress, increase personal expense for treatment, or, if obtained by insurance companies or employers, could be used as justification to raise insurance rates or affect employability. To ensure

243 privacy/confidentiality, information that is received from patients will be kept confidential to  
244 the extent allowed by law. Patient data will be entered into the electronic health record and  
245 hard copies will be kept in a secure filing cabinet on site for the duration of the study. We will  
246 assign all patients a code number to be used on forms, sample collection containers and other  
247 research materials. Subject codes will be employed for database management and when  
248 statistical analyses are performed. There will be a single key to the coded data kept on a  
249 password protected computer. Computer files containing names, addresses or other identifiers  
250 will be limited to authorized personnel at the site who have access to the computer data base  
251 using a password protected program. All investigators, professional medical staff, and  
252 technicians are aware of the confidentiality involved with the proper conduct of such a study.  
253 Consistent with the conduct of human research studies, the data will not be available or  
254 divulged to anyone outside of the experimental research team. The results from the study may  
255 be published, but will have no identifiers.

256 Ketogenic Diet. There are no significant risks associated with consuming a well-formulated  
257 ketogenic diet. For patients using medication to control blood sugar and blood pressure, there  
258 is a need to reduce these medications rather quickly at the onset of the diet to prevent low  
259 blood sugar and low blood pressure. In this study, we will exclude those patients who have  
260 type-2 diabetes using insulin. In our prior research we have assessed thousands of metabolic  
261 panels in patients assigned to ketogenic diets. Abnormal responses are rare, but it is expected  
262 that there will be modest changes in some blood markers. These markers are expected to  
263 remain within normal limits and not pose a serious concern. Nutritional ketosis is associated  
264 with natriuresis (increased loss of sodium in the urine) and fluid loss. If the extra sodium  
265 excreted is not compensated for in the diet, the subsequent contracted plasma volume can  
266 manifest in side effects and adrenal stress including a hormonal response that disrupts body  
267 mineral status. Our diets contain adequate sodium and potassium to ensure mineral nutriture.  
268 The diet intervention may be challenging for participants since it will require them to limit  
269 foods they are accustomed to eating. Participants will be made aware of the general dietary  
270 requirements including lists of foods they will need to restrict (as well as foods that will be  
271 permitted) during the informational session, so they can make an educated decision to  
272 participate.

273  
274 Body Composition. The DXA scan has a very low risk as the skin entrance dose of radiation  
275 due to the application of the exam is very small. In a whole body scan, which is the mode  
276 used in this project, the skin entrance dose of radiation per scan is ~0.04 millirem. On average  
277 in the US a person receives ~0.85 millirem per day of background radiation. For another  
278 comparison, a chest X-ray delivers ~10-20 millirems per scan. Thus the level of radiation  
279 exposure is extremely low. Since we don't know what effect the radiation could have on an  
280 unborn baby, we will perform a urine pregnancy test before the scan for all women of child  
281 bearing age in the study.

282  
283 Blood Draws. Blood draws by needle may cause discomfort at the puncture site and the  
284 development of a slight bruise. Participants may also experience lightheadedness or fainting  
285 during the blood draw and there is a slight risk of infection. All blood draws will be taken by

286 trained phlebotomists. The total blood volume at each testing session will be less than 50 mL,  
287 which translates into less than 200 mL over 6 months.

288 Ketone Testing. Ketone testing will be done by finger stick using a small 26G lancet. There  
289 is slight discomfort associated with this procedure.

290 Continuous Glucose/Ketone Monitor. An adhesive patch with a small needle will be worn.  
291 There is slight discomfort associated with this procedure.

292  
293 Cognitive Testing. Testing administered in this study are designed to evaluate your behavior,  
294 thinking, memory and development. Although there is no physical risk, the testing has potential  
295 to cause you to feel discomfort, stress, embarrassment, etc. You can skip any question(s) that  
296 make you uncomfortable. Research key personnel will help to provide contact information for  
297 resources such as the student health center, medical center, or emergency department if  
298 necessary, to aid with intense psychological distress induced by cognitive testing.

299  
300 Activity Tracker. You will be provided with a fit bit to track daily steps and your heart rate. We  
301 will work to make sure that no one sees your step count or heart rate without approval. But,  
302 because we are using the Internet, there is a chance that someone could access your online  
303 responses without permission. In some cases, this information could be used to identify you.

### 304 305 **7. What benefits can I expect from being in the study?**

306  
307 You may not benefit directly from participating in the study. Either of these dietary regiments  
308 may help reduce symptoms due to radiotherapy. We hope that the information learned from this  
309 study will benefit other patients with advanced stage cancer in the future. There is always the  
310 risk of uncommon or previously unknown side effects occurring.

### 311 312 **8. What other choices do I have if I do not take part in the study?**

313  
314 You may choose not to participate without penalty or loss of benefits to which you are  
315 otherwise entitled.

### 316 317 **9. What are the costs of taking part in this study?**

318  
319 The blood draw, DEXA body composition, and specialized testing is for research purposes  
320 only, therefore you and/or your insurance company will not be charged for the research testing.  
321 This study will pay for all the additional research tests not covered by your health plan.

322  
323 The following tests and procedures will be done for research purposes only and will not be  
324 charged to you or your health plan:

- 325  
326
  - Diet consulting
  - Blood analysis for Inflammatory biomarkers327



- 328           • Study questionnaires  
329           • Cognitive tests

330

331 All of the other medical tests, evaluations, and procedures are considered standard cancer care  
332 and will be billed to you and your insurance plan. You and/or your health plan may also have  
333 to pay for other drugs or treatments which are given to help control side effects as well as the  
334 cost of tests or exams to evaluate possible side effects. You will be responsible for meeting co-  
335 pay and deductible requirements by your insurance plan while on study.

336

337 For more information on clinical trials and insurance coverage, you can visit the National  
338 Cancer Institute's Web site at [http://cancer.gov/clinicaltrials/understanding/insurance-  
339 coverage](http://cancer.gov/clinicaltrials/understanding/insurance-coverage). You can print a copy of the "Clinical Trials and Insurance Coverage" information  
340 from this Web site.

341

342 Another way to get the information is to call 1-800-4-CANCER (1-800-422-6237) and ask them  
343 to send you a free copy.

344

### 345 **10. Will I be paid for taking part in this study?**

346

347 Both AICR and Ketogenic Diet groups will receive compensation for their time. \$250.00 will  
348 be provided in the form of direct deposit or check upon completion of the first half of the  
349 study. An additional \$250.00 will be provided in the form of direct deposit or check upon  
350 completion of the trial. By law, payments to participants are considered taxable income.

351

### 352 **11. What happens if I am injured because I took part in this study?**

353

354 If you suffer an injury from participating in this study, you should notify the researcher or  
355 study doctor immediately, who will determine if you should obtain medical treatment at The  
356 Ohio State University Wexner Medical Center.

357

358 The cost for this treatment will be billed to you or your medical or hospital insurance. The  
359 Ohio State University has no funds set aside for the payment of health care expenses for this  
360 study.

361

### 362 **12. What are my rights if I take part in this study?**

363

364 If you choose to participate in the study, you may discontinue participation at any time  
365 without penalty or loss of benefits. By signing this form, you do not give up any personal  
366 legal rights you may have as a participant in this study.

367

368 You will be provided with any new information that develops during the course of the  
369 research that may affect your decision whether or not to continue participation in the study.

370

371 You may refuse to participate in this study without penalty or loss of benefits to which you  
372 are otherwise entitled.

373  
374 An Institutional Review Board responsible for human subjects research at The Ohio State  
375 University reviewed this research project and found it to be acceptable, according to  
376 applicable state and federal regulations and University policies designed to protect the rights  
377 and welfare of research participants.

378  
379 **13. Will my de-identified information be used or shared for future research?**

380 Yes, it may be used or shared with other researchers without your additional informed  
382 consent.

383  
384 **14. Will my study-related information be kept confidential?**

385  
386 Efforts will be made to keep your study-related information confidential. However, there may  
387 be circumstances where this information must be released. For example, personal information  
388 regarding your participation in this study may be disclosed if required by state law.

389  
390 Also, your records may be reviewed by the following groups (as applicable to the research):

- 391 • Office for Human Research Protections or other federal, state, or international  
392 regulatory agencies;
- 393 • U.S. Food and Drug Administration;
- 394 • The Ohio State University Institutional Review Board or Office of Responsible  
395 Research Practices;
- 396 • The sponsor supporting the study, their agents or study monitors; and
- 397 • Your insurance company (if charges are billed to insurance).

398  
399 If we find information that significantly impacts your health, we **will** share it with you and  
400 your oncologist. This includes any novel information garnered from the MRI and metabolic  
401 tests.

402  
403 **15. HIPAA AUTHORIZATION TO USE AND DISCLOSE INFORMATION FOR**  
404 **RESEARCH PURPOSES**

405  
406 **I. What information may be used and given to others?**

- 407  
408 • Past and present medical records;
- 409 • Research records;
- 410 • Records about phone calls made as part of this research;
- 411 • Records about your study visits;
- 412 • Information that includes personal identifiers, such as your name, or a number  
413 associated with you as an individual;

414

415 **II. Who may use and give out information about you?**

416  
417 Researchers and study staff.

418  
419 **III. Who might get this information?**

- 420  
421
- 422 • The sponsor of this research. “Sponsor” means any persons or companies that are:
    - 423 • working for or with the sponsor; or
    - 424 • owned by the sponsor.
  - 425 • Authorized Ohio State University staff not involved in the study may be aware that you are participating in a research study and have access to your information;
  - 426 • If this study is related to your medical care, your study-related information may be placed in your permanent hospital, clinic, or physician’s office record;
  - 427 • Others: *[include specific names of the sponsor, collaborators, study monitor (CRO, SMO), healthcare providers, persons or organizations that analyze health information for the study, data safety monitoring boards, etc..]*
- 428  
429  
430  
431

432 **IV. Your information may be given to:**

- 433
- 434 • The U.S. Food and Drug Administration (FDA), Department of Health and Human Services (DHHS) agencies, and other federal and state entities;
  - 435 • Governmental agencies in other countries;
  - 436 • Governmental agencies to whom certain diseases (reportable diseases) must be reported; and
  - 437 • The Ohio State University units involved in managing and approving the research study including the Office of Research and the Office of Responsible Research Practices.
- 438  
439  
440  
441  
442

443 **V. Why will this information be used and/or given to others?**

- 444
- 445 • To do the research;
  - 446 • To study the results; and
  - 447 • To make sure that the research was done right.
- 448

449 **VI. When will my permission end?**

450  
451 There is no date at which your permission ends. Your information will be used indefinitely. This is because the information used and created during the study may be analyzed for many years, and it is not possible to know when this will be complete.

452  
453  
454

455 **VII. May I withdraw or revoke (cancel) my permission?**

457 Yes. Your authorization will be good for the time period indicated above unless you  
458 change your mind and revoke it in writing. You may withdraw or take away your  
459 permission to use and disclose your health information at any time. You do this by  
460 sending written notice to the researchers. If you withdraw your permission, you will not  
461 be able to stay in this study. When you withdraw your permission, no new health  
462 information identifying you will be gathered after that date. Information that has already  
463 been gathered may still be used and given to others.

464  
465 **VIII. What if I decide not to give permission to use and give out my health**  
466 **information?**

467  
468 Then you will not be able to be in this research study and receive research-related  
469 treatment. However, if you are being treated as a patient here, you will still be able to  
470 receive care.

471  
472 **IX. Is my health information protected after it has been given to others?**

473  
474 There is a risk that your information will be given to others without your permission. Any  
475 information that is shared may no longer be protected by federal privacy rules.

476  
477 **X. May I review or copy my information?**

478  
479 Signing this authorization also means that you may not be able to see or copy your study-  
480 related information until the study is completed.

481  
482 **16. Who can answer my questions about the study?**

483  
484 For questions, concerns, or complaints about the study, or if you feel you have been  
485 harmed as a result of study participation, you may contact *Madison Kackley, 740-817-*  
486 *1622.*

487  
488 For questions related to your privacy rights under HIPAA or related to this research  
489 authorization, please contact HIPAA Privacy Officer, Suite E2140, 600 Ackerman Road,  
490 Columbus, OH 43201

491  
492 For questions about your rights as a participant in this study or to discuss other study-  
493 related concerns or complaints with someone who is not part of the research team, you  
494 may contact the Office of Responsible Research Practices at 1-800-678-6251.

495  
496 If you are injured as a result of participating in this study or for questions about a study-  
497 related injury, you may contact *Jeff Volek, PhD, at 614-688-1701.*

498

499  
500 I have read (or someone has read to me) this form and I am aware that I am being asked to  
501 participate in a research study. I have had the opportunity to ask questions and have had them  
502 answered to my satisfaction. I voluntarily agree to participate in this study.

503  
504 I am not giving up any legal rights by signing this form. I will be given a copy of this  
505 combined consent and HIPAA research authorization form.  
506

_____	_____
Printed name of participant	Signature of participant
	_____ AM/PM
	Date and time
_____	_____
Printed name of person authorized to consent for participant (when applicable)	Signature of person authorized to consent for participant (when applicable)
	_____ AM/PM
_____	_____
Relationship to the participant	Date and time

507  
508  
509 **Investigator/Research Staff**  
510

511 I have explained the research to the participant or his/her representative before requesting the  
512 signature(s) above. There are no blanks in this document. A copy of this form has been given  
513 to the participant or his/her representative.  
514

_____	_____
Printed name of person obtaining consent	Signature of person obtaining consent
	_____ AM/PM
	Date and time

515  
516 **Witness(es)** - *May be left blank if not required by the IRB*  
517

_____	_____
Printed name of witness	Signature of witness
	_____ AM/PM
	Date and time

_____	_____
Printed name of witness	Signature of witness
	_____ AM/PM
	Date and time