

Consent Form

Project Title

Enter project title

Principal Investigator(s)

Name(s) of investigator(s)

Purpose of the Study

Briefly describe the purpose

Procedures

Briefly describe what the participant will do

Risks or Discomforts

Describe any risks or discomforts

Benefits

Describe any potential benefits

Confidentiality

Describe privacy and data storage

Voluntary Participation and Withdrawal

Describe freedom to withdraw

Contact Information for Questions

Email/phone of researcher

☐

I have read and understood the information above. I consent to participate in this study.

Participant Name

| |
|-----------|
| Full name |
|-----------|

Date

| |
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