

# 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