# Participant Consent Form Outline for Clinical Studies

## 1. Study Title

[Insert Title of the Study]

## 2. Introduction

This consent form is to provide information about the clinical study and to request your voluntary participation.

## 3. Purpose of the Study

[Briefly describe the primary aim and objective of the study]

## 4. Procedures

- What will be expected of participants
- Duration of participation
- Types of activities and tests involved

## 5. Risks and Discomforts

[Outline any potential risks or discomforts, and how these will be managed]

## 6. Benefits

- Direct benefits to participants (if any)
- Possible benefits to medical knowledge or health care

## 7. Confidentiality

[Description of how personal information and data will be kept confidential]

## 8. Voluntary Participation

Participation is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

## 9. Contact Information

[Provide contact details for questions about the study or about participants' rights]

## 10. Statement of Consent

*By signing below, you confirm that you have read and understood this consent form, have had an opportunity to ask questions, and agree to participate in this study.*

Participant Name (print):

_____

Participant Signature:

Date:

Researcher/Witness Name (print):

Researcher/Witness Signature:

Date: