

Consent Sheet for Scientific Investigations

Study Title: _____

Investigator(s): _____

Participant Name: _____

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Participation in this study is voluntary. You may withdraw at any time without penalty.

Contact Information

If you have questions about the study, please contact:

Name: _____ Phone/Email: _____

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

Participant Signature

Date

Investigator/Witness Signature

Date