

Standard Consent Document for Experimental Studies

Study Title

[Insert Study Title]

Researcher(s) Name & Contact Information

Name: [Researcher Name]

Affiliation: [Institution]

Email: [Email Address]

Phone: [Phone Number]

Purpose of the Study

[Briefly describe the purpose of the study in simple language.]

Procedures

If you agree to participate in this study, you will be asked to:

- [Describe procedure 1]
- [Describe procedure 2]
- [Add more points as needed]

Duration

[State how long participation will take.]

Risks and Discomforts

[List any potential risks or discomforts to the participant.]

Benefits

[State any benefits to the participant or to others.]

Confidentiality

[Explain how participant information will be kept confidential.]

Voluntary Participation

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

Contact for Questions

If you have questions about this research, please contact:

[Researcher Name, Contact Information]

If you have questions about your rights as a research participant, please contact:

[IRB or Ethics Committee Contact]

Consent

By signing below, you acknowledge that you have read and understood the information provided above, have had your questions answered, and voluntarily agree to participate in this study.

Participant Name:

Participant Signature:

Date:
