

# Informed Consent Form for Medical Study Participation

**Study Title:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

## Introduction

You are invited to participate in a medical research study. It is important that you read the following information carefully and discuss it with others if you wish, before deciding whether to participate.

## Purpose of the Study

The purpose of this study is to \_\_\_\_\_. \_\_\_\_\_.

## Participation

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

## Procedures

If you agree to participate, you will be asked to do the following:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Risks and Benefits

**Risks:** \_\_\_\_\_

**Benefits:** \_\_\_\_\_

## Confidentiality

All information collected in this study will be kept confidential. Your identity will not be disclosed in any reports or publications.

## Questions

If you have any questions about this study, please contact the principal investigator. If you have questions about your rights as a research participant, you may contact the ethics committee at \_\_\_\_\_.

## Consent Statement

I have read and understood the information provided above. I have had the opportunity to ask questions and have

received satisfactory answers. I voluntarily agree to participate in this study.

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Participant Name (print):

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Date:

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Participant Signature:

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Date:

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Investigator/Researcher's Signature:

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Date:

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