

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.

Participant Name (print):

Date:

Participant Signature:

Date:

Investigator/Researcher's Signature:

Date:
