

Medical Research Consent Statement

Study Title: _____

Researcher(s): _____

Institution/Organization: _____

Purpose of the Study

Procedures

Potential Risks and Benefits

Confidentiality

Voluntary Participation

Contact Information

If you have any questions or concerns about the study, please contact:

Name: _____

Phone/Email: _____

Statement of Consent:

I have read and understood the above information. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in this research study.

Participant Signature Date

Researcher Signature Date