

Patient Waiver for Experimental Trials

PATIENT INFORMATION

Full Name:

Date of Birth:

Contact Information:

EXPERIMENTAL TRIAL DETAILS

Trial Name/ID:

Principal Investigator:

Trial Description:

PATIENT ACKNOWLEDGEMENT

I, the undersigned, acknowledge that I have been informed of the experimental nature of this trial, including potential risks, benefits, and alternatives. I freely consent to participate and understand that I may withdraw at any time.

Patient Signature:

Date:

WITNESS

Name:

Signature:

Date:

INVESTIGATOR

Name:

Signature:

Date:
