

Clinical Trial Participant Consent Form

This consent form provides information to help you decide whether to participate in this clinical trial.

Study Title

Principal Investigator

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation and Withdrawal

Contact Information

Participant Acknowledgement

I have read and understood the information provided above. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Participant Name:

Participant Signature:

Date:

Investigator Name:

Investigator Signature:

Date:

