

Neuroscience Study Consent Form

Study Title

Principal Investigator

Purpose of the Study

Procedures

-
-
-

Duration

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation and Withdrawal

Contact Information

- Principal Investigator:
- Email:
- Phone:
- For questions about your rights as a participant, contact:

Consent

☐

I have read and understand the information above. I voluntarily agree to participate in this study.

☐

I am 18 years of age or older.

Participant Name

Date

Participant Signature

Researcher Name

Date

Researcher Signature