

Pharmaceutical Drug Trial Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone

Email

Trial Information

Drug Name

Study Title/Protocol No.

Investigator Name

Study Location

Date

Purpose of the Study

Procedures

Risks and Discomforts

Potential Benefits

Confidentiality

Participation and Withdrawal

Contact Information

Consent



I have read and understood the above information. My questions have been answered to my satisfaction. I voluntarily consent to participate in this drug trial.

Participant Signature

Date

Investigator Signature

Date