

# Clinical Trial Participant Consent Form

## Study Information

Study Title:

Principal Investigator(s):

Institution:

## Purpose of the Study

## Procedures

## Risks and Discomforts

## Benefits

## Confidentiality

# Voluntary Participation

- Your participation in this study is voluntary.
- You may withdraw at any time without penalty or loss of benefits.

## Contact Information

For questions about the study, contact:

## Consent Statement

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

Participant Name

Date

Participant Signature

Witness Name

Witness Signature

Date