

Observational Study Consent Form

Study Title:

Principal Investigator(s):

Purpose of the Study

Procedures

Duration

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Contact Information

Participant Consent

- I have read and understood the information provided above.
- I have had the opportunity to ask questions and have had them answered to my satisfaction.
- I voluntarily agree to participate in this study.

Participant's Name:

Participant's Signature:

Date:

Researcher's Name:

Researcher's Signature:

Date:

