

Vaccine Trial Consent Form

Participant Information

Full Name

Date of Birth

Contact Number

Address

Trial Information

Project Title

Principal Investigator

Study Location

Purpose of the Study

Procedures

Risks & Discomforts

Benefits

Confidentiality

Voluntary Participation & Withdrawal

Contact Information

For questions or concerns, contact:

Phone/Email

Consent

☐

I have read and understood the information provided above.

☐

I have had the opportunity to ask questions and received satisfactory answers.

☐

I freely agree to participate in this study.

Participant Signature

Date

Researcher/Witness Signature

Date