

Clinical Trial Informed Consent Form

Study Title:

Protocol Number:

Principal Investigator:

Site Address:

Phone:

Introduction

Purpose of the Study

Procedures

- 1.
- 2.
- 3.

Risks and Discomforts

-
-

Benefits

-
-

Confidentiality

Voluntary Participation and Right to Withdraw

Contact Information

Participant Statement

I have read and understood the information provided above. I have had a chance to ask questions and have received answers to my satisfaction. I voluntarily agree to participate in this study.

Participant Name:

Signature:

Date:

Investigator Name:

Signature:

Date:
