Longitudinal Study Consent Renewal

Thank you for your continued participation in our longitudinal study. As part of our commitment to ethical research, we are required to renew your consent for continued involvement in this project.

Participant Information

| Full Name |
|--|
| |
| Email Address |
| |
| Consent Information |
| Please read the information below and indicate your consent to continue. |
| I have read and understand the information provided about this study. |
| I understand that my participation is voluntary and I can withdraw at any time. |
| I understand that my data will be kept confidential and used only for research purposes. |
| Questions or Comments (optional) |
| |
| |
| |
| Participant Signature |
| |
| Date |
| |