

DNA Sample Use in Academic Studies Consent Form

Participant Information

Full Name

Date of Birth

Study Details

Study/Project Title

Principal Investigator

Purpose

Procedures

Risks and Benefits

Confidentiality

Voluntary Participation and Withdrawal

Consent

☐ I have read and understood the information provided above.

☐ I voluntarily agree to provide my DNA sample for use in the described academic study.

Participant Signature

Date

Investigator/Witness Signature

Date

