

Biomedical Device Testing Consent Form

Participant Information

Name: _____

Date of Birth: _____

Contact Information: _____

Description of Biomedical Device and Study

Procedures

- 1.
- 2.
- 3.

Risks and Discomforts

-
-
-

Benefits

-
-

Confidentiality

Voluntary Participation

Right to Withdraw

Consent

☐ I have read and understood the information provided above. I voluntarily consent to participate in this study.

Participant Signature

Date: _____

Investigator Signature

Date: _____