

Genetic/Genomic Study Participation Consent

Study Title

Principal Investigator

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation and Withdrawal

Contact Information

Consent

I have read and understand the information above. I have had the opportunity to ask questions about this study and my questions have been answered. I agree to participate in this genetic/genomic research study.

Full Name

Date

Signature

Contact Email (optional)