

International Research Consent Form

Project Title

Principal Investigator(s)

Institution

Contact Information

Email

Phone

Purpose of the Research

Participation Information

Confidentiality

Voluntary Participation

Risks & Benefits

Compensation (if any)

Consent

I have read and understood the information provided above. I voluntarily agree to participate in this research.

I understand that my participation is voluntary and that I can withdraw at any time.

Participant Name

Participant Signature

Date

Researcher Name

Researcher Signature

Date