

Clinical Trial Participant Consent Form

Study Title

Investigator(s)

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Contact Information

Participant Consent

I have read and understood the information provided above. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

Participant Name

Participant Signature

Date