

Informed Consent Form for Clinical Trial Participation

Study Title

Principal Investigator

Name:

Contact Information:

Introduction

Purpose of the Study

Procedures

- 1.
- 2.
- 3.

Duration

Risks and Discomforts

-
-
-

Potential Benefits

-

Confidentiality

Voluntary Participation

Contact Information

- For study-related questions:
- For rights as a participant:

Statement of Consent

| Name of Participant | Signature | Date |
|---------------------|-------------|-------------|
| <div></div> | <div></div> | <div></div> |
| Witness Name | <div></div> | <div></div> |

Investigator Name