

Clinical Trial Research Debriefing Form

Study Title

Principal Investigator

Participant Name / ID

Debriefing Information

Purpose of the Study

Procedures Used

Deception or Withheld Information (if any)

Potential Risks or Discomforts

Study Results / Findings (if available)

Support and Resources

Contact Information

Primary Contact for Questions or Concerns

Email

Phone

Participant Acknowledgment

- I have been provided with information about the study and have had the opportunity to ask questions.
- I understand the purposes and procedures of the research.

Date

Participant Signature
