

Informed Consent Form for Biobank Participation

Study Title

Principal Investigator

Introduction

Purpose of the Biobank

What will happen if you take part?

What information/samples will be collected?

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Risks and Benefits

Confidentiality

Voluntary Participation & Withdrawal

Contact Information

Consent

- ☐ I have read and understood the information above.
- ☐ I agree to provide my samples/data to the biobank for research purposes.
- ☐ I understand that my participation is voluntary and I can withdraw at any time.

Signatures

Participant Name

Date

Signature

Investigator/Witness Name

Date

Signature
