

# Informed Consent Form for Clinical Trials

**Title of Study**

**Principal Investigator(s)**

**Institution**

**Purpose of the Study**

**Procedures**

**Risks and Discomforts**

**Benefits**

**Confidentiality**

**Voluntary Participation and Withdrawal**

## Contact Information

Who to contact for questions about the study:

Email:

Phone:

## Participant Statement

I have read and understood the information provided above. I have had all my questions answered. I voluntarily agree to participate in this study.

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Participant Signature

Date:

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Investigator Signature

Date: