

# Informed Consent Form for Medical Device Trial

Trial Title:

## Introduction

## Purpose of the Trial

## Procedures

## Potential Risks and Discomforts

## Potential Benefits

## Confidentiality

## Voluntary Participation and Withdrawal

## Questions / Contact Information

## Statement of Consent

- I have read and understood the information above.
- I have had the opportunity to ask questions and received satisfactory answers.
- I voluntarily agree to participate in this medical device trial.

Participant Name

Date

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Participant Signature

Investigator Name

Date

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Investigator Signature