## **Medical Research Interview Consent Form**

| Title of Study:         |  |   |               |
|-------------------------|--|---|---------------|
|                         |  |   |               |
| Introduction            |  |   |               |
| Purpose of the St       | udy  |   |               |
| Procedures              |  |   |               |
| •                       |  |   |               |
| •                       |  |   |               |
| •                       |  |   |               |
| Risks and Benefit       | s  |   |               |
| Confidentiality         |  |   |               |
| Voluntary Participation |  |   |               |
| Contact Information     |  |   |               |
| Consent                 |  |   |               |
|                         | tood the information provided ab<br>this interview as part of the medi | pove. I have had the opportunity to ask cal research study. | questions and |
| Participant Name:       |  |   |               |
| Participant Signature:  |  |   |               |
| Date:                   |  |   |               |
| Time:                   |  |   |               |