

Informed Consent Form for Clinical Trial Participants

Study Title

Investigator(s)

Institution

PURPOSE OF THE STUDY

PROCEDURES

POTENTIAL RISKS AND DISCOMFORTS

POTENTIAL BENEFITS

CONFIDENTIALITY

VOLUNTARY PARTICIPATION

CONTACT INFORMATION

PARTICIPANT STATEMENT

☐ I have read and understood the information provided above. ☐ I have had the opportunity to ask questions and have received satisfactory answers. ☐ I voluntarily agree to participate in this clinical trial.

Participant's Name

Signature

Date

Investigator's Name

Signature

Date
