# Informed Consent Form for Clinical Trial Participants

## Title of Study

## Principal Investigator

## Institution

## Contact Information

## Purpose of the Study

## Procedures

## Risks and Discomforts

## Benefits

## Confidentiality

## Voluntary Participation

## Withdrawal

## Questions or Concerns

## Participant's Statement

- I have read and understood the information above.
- I have had the opportunity to ask questions, and my questions have been answered.
- I consent voluntarily to participate in this study.

Participant Name:

Signature:

Date:

Person Obtaining Consent Name:

Signature:

Date: