

Informed Consent Form

Emergency Medicine Research Study

Project Title

Principal Investigator

Institution

Information About the Study

Purpose of the Study:

Procedures:

Duration:

Risks and Discomforts:

Benefits:

Confidentiality:

Compensation:

Voluntary Participation

Contact Information

Questions about the study:

Consent

I have read and understood the information provided above. I have had the opportunity to ask questions. I voluntarily agree to participate in this study.

Participant Name:

Participant Signature:

Date:

Person Obtaining Consent (Name):

Signature:

Date: