

# Informed Consent Form

## Medical Imaging Research

**Study Title**

**Principal Investigator(s)**

**Institution**

**Introduction**

**Purpose of the Study**

**Procedures**

**Risks and Discomforts**

**Benefits**

**Confidentiality**

**Voluntary Participation**

**Contact Information**

**Consent**

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

Participant Name

Signature

Date

Investigator Name

Signature

Date

