

# **Informed Consent Form**

## **Vaccine Efficacy Trial**

**Title of Study:**

**Principal Investigator:**

**Institution:**

### **Introduction**

#### **Purpose of the Study**

#### **Procedures**

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#### **Potential Risks and Discomforts**

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#### **Potential Benefits**

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#### **Confidentiality**

#### **Voluntary Participation and Withdrawal**

#### **Compensation**

## Contact Information

## Statement of Consent

Participant Name:

Signature:

Date:

Person Obtaining Consent (Name):

Signature:

Date: