

Clinical Trial Participant Consent Form

Participant Information

Full Name

Date of Birth

Contact Information

Study Information

Study Title

Principal Investigator

Research Location

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Participant Statement

☐ I have read and understood the information above.

☐ All my questions have been answered.

☐ I consent to participate in this study.

Participant Signature

Date

Investigator Signature

Date