

Medical Case Study Interview Consent Form

Participant Name:

Date of Birth:

Contact Information:

Purpose of Study

Procedures

Confidentiality

Voluntary Participation

Withdrawal

Risks and Benefits

I have read and understood the information provided above. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason.

Participant Signature:

Date:

Researcher Signature:

Date: