

Biological Specimen Laboratory Consent

Participant Information

Name:

ID Number:

Date of Birth:

Consent Details

Type(s) of Biological Specimens:

Purpose of Collection:

Procedures Involved:

Possible Risks/Discomforts:

Possible Benefits:

Confidentiality:

Right to Withdraw:

☐ I have read and understood the information provided above, and I voluntarily give my consent for the collection and use of my biological specimens as described.

Participant Signature:

Date:

Witness (if applicable):

Date: