

# Clinical Trial Vaccine Consent Form

Study Title:

Protocol Number:

## Introduction

## Purpose of the Study

## Procedures

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## Risks and Discomforts

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## Benefits

## Alternatives

## Confidentiality

## Costs and Compensation

## Voluntary Participation

## Contact Information

## Consent Statement

Participant Name:

Participant Signature:

Date:

Witness Name	Witness Signature	Date