Informed Consent Form
for Oncology Clinical Trials

Study Title

[Insert Study Title Here]

Principal Investigator

Name:
Institution & Contact Information:
Phone/Email:

Introduction

You are being asked to take part in a clinical research study for patients with cancer. Your participation is voluntary. Please read this form carefully and ask any questions that you may have before you decide whether or not to participate.

Purpose of the Study

The purpose of this study is to *[briefly describe purpose]*.

Procedures

If you agree to participate, you will undergo the following procedures:

- *[List major study procedures, e.g., tests, treatments, visits]*
- *[Approximate time involved]*

Risks and Discomforts

Possible risks or discomforts that may occur include:

- *[List potential risks/side effects]*
- *[Specify any rare but serious risks]*

Benefits

You may or may not receive direct medical benefit from participating in this study. The information learned may help other patients in the future.

Alternatives

Your alternatives to participation may include *[describe alternatives, e.g., standard treatment, no treatment]*.

Confidentiality

All information collected in this study will be kept confidential to the extent allowed by law. Your identity will not

be revealed in any publication resulting from this study.

Voluntary Participation

Participation in this study is entirely voluntary. You may choose not to participate or withdraw your consent at any time without penalty or loss of benefits to which you are otherwise entitled.

Questions

If you have any questions about this study, please contact the Principal Investigator. For questions about your rights as a research participant, contact *[Insert Contact Information for Ethics/IRB]*.

Consent Statement

By signing below, you acknowledge that you have read and understand the information above, have had all your questions answered, and voluntarily agree to participate in this study.

Participant Name:
Signature: Date: _____
Person Obtaining Consent: Date: _____