# Informed Consent Template for Genetic Research Clinical Trials

## Study Title:

_____

## Principal Investigator:

Name: _____

Institution: _____

Contact Information: _____

## Introduction

You are being asked to participate in a genetic research clinical trial. This form explains the purpose of the study, what you will be asked to do, any potential risks and benefits, and your rights as a participant.

Please read the information carefully and ask the research team about anything you do not understand before making your decision.

## Purpose of the Study

The purpose of this study is to:

_____

_____

## Procedures

If you agree to participate, you will be asked to:

- Provide a sample of your blood, saliva, or tissue for genetic analysis.
- Complete questionnaires and interviews regarding your health and family history.
- Participate in follow-up visits as needed.

The total time commitment will be approximately: _____.

## Risks and Discomforts

Potential risks or discomforts include, but are not limited to:

- Physical discomfort from blood or tissue sample collection.
- Potential emotional distress from learning genetic information.
- Unintentional disclosure of genetic information.

## Benefits

There may be no direct benefit to you. The information gained may help advance scientific knowledge and improve future medical care.

## Confidentiality

Your information and genetic samples will be labeled with a code and kept confidential to the fullest extent permitted by law. Results may be published, but you will not be personally identified.

## Voluntary Participation & Withdrawal

Your participation is voluntary. You can refuse to participate or withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

## Contact Information

If you have questions about the study, your rights, or in case of harm, please contact:

_____

## Statement of Consent

By signing below, you acknowledge that you have read (or been read) this consent form, have had the opportunity to ask questions, and agree to participate in this study.

Participant Name:

Participant Signature:

Date:

Investigator Name:

Investigator Signature:

Date: