

Genetic Testing Research Consent Form

Title of Study: _____

Principal Investigator: _____

Contact Information: _____

Introduction

You are being asked to participate in a research study involving genetic testing. Please read the information below carefully and ask any questions you may have before agreeing to take part in this research.

Purpose of the Study

The purpose of this study is to _____. We hope to learn more about _____.

Procedures

If you agree to participate, you will be asked to provide a biological sample (such as blood or saliva) for genetic analysis. The procedures will involve:

- Collection of your biological sample
- Genetic testing and data analysis
- Completion of questionnaires or interviews
- Possible follow-up contact for further information

Risks and Discomforts

Risks may include minor discomfort from the sample collection and potential psychological stress from learning genetic information.

Benefits

There may be no direct benefit to you. The results may help advance scientific knowledge and understanding of genetic factors related to the study.

Confidentiality

Your privacy and confidentiality will be maintained. Your samples and data will be coded and securely stored. Identifying information will not be published.

Voluntary Participation

Your participation in this study is voluntary. You may withdraw at any time without penalty or loss of benefits.

Questions

If you have questions about this research, please contact the Principal Investigator at the number above.

Consent

By signing below, you indicate that you have read and understood the information provided above, have had your questions answered, and agree to participate in this genetic testing research study.

Participant Name

Date

Researcher Name

Date
