

Informed Consent Form for Clinical Trial Participation

Title of Study

[Insert Study Title Here]

Principal Investigator

Name: [Insert Name]

Contact Information: [Insert Contact Info]

Introduction

You are being asked to participate in a clinical trial study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish.

Purpose of the Study

[Explain the purpose of the study here]

Procedures

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

- [List procedure 1]
- [List procedure 2]
- [List procedure 3]

Risks and Discomforts

[Describe possible risks/discomforts]

Benefits

[Describe possible benefits]

Confidentiality

Your personal information will be kept confidential to the extent permitted by law.

Voluntary Participation

Your participation in this study is voluntary. You are free to withdraw at any time, without penalty or loss of

benefits.

Contact for Questions

If you have any questions about this study or your rights as a participant, you may contact the principal investigator at the contact information listed above.

Consent

By signing below, you are indicating that you have read and understand the information provided above, your questions have been answered, and you voluntarily agree to participate in this study.

Participant Name

Participant Signature

Date