

Longitudinal Study Participant Consent Form

Study Title:

Enter Study Title

Principal Investigator:

Enter Investigator Name

Introduction

You are invited to participate in a longitudinal research study. The purpose of this form is to provide you with information about the study so you can decide whether to participate. Please read this document carefully and feel free to ask any questions.

Purpose of the Study

This study aims to [describe general study aim here, e.g., “understand changes in health and wellness over time”]. Your participation is voluntary.

Procedures

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

- Attend multiple study visits over the course of the research period.
- Complete questionnaires and/or interviews at scheduled intervals.
- Allow collection of [state what samples/data will be collected, e.g., health data, biological samples, etc.].

Duration

The study will last for approximately

e.g. 2 years

, with visits or assessments occurring every

e.g. 6 months

.

Risks and Discomforts

There may be minimal risks or discomfort associated with participation, such as [list potential risks, e.g., “mild discomfort from blood sample collection”].

Benefits

The potential benefits include [describe benefits, if any, e.g., “contributing to knowledge about health over

timeâ€¦]. However, there may be no direct benefit to you.

Confidentiality

All information collected will be kept confidential to the extent permitted by law. Your data will be coded so that your identity will not be directly attached to the information collected.

Voluntary Participation

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

Contact Information

If you have questions about the study, please contact:

Name:

Phone:

Email:

Consent

By signing below, you acknowledge that you have read this form, that your questions have been answered, and that you agree to participate in the study.

Participant Name

Date

Signature