

Medical Procedure Consent Form for Human Subjects

Participant Information

Full Name

Date of Birth

Participant ID / Reference Number

Procedure Information

Medical Procedure Name

Description of Procedure

Risks & Possible Side Effects

Potential Benefits

Consent Statement

I confirm that I have read and understood the above information regarding the medical procedure.

I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction.

I understand that my participation is voluntary and I may withdraw at any time without penalty.

I voluntarily consent to participate in the medical procedure described above.

Participant's Signature

Date

Witness/Researcher Signature

Date