

Informed Consent for Participation in Medical Research

Date: [Insert Date]

Dear [Patient's Name],

We are conducting a research study titled "[Study Title]" aimed at [briefly describe purpose of the study]. You are being invited to participate because [reason for the patient's selection].

Study Procedures

If you agree to participate, you will be asked to [explain procedures, duration, and nature of participation]. This study will take approximately [insert duration] to complete.

Risks and Benefits

While we do not anticipate any major risks, there may be some discomfort associated with [describe potential risks]. The potential benefits of your participation may include [list potential benefits].

Confidentiality

All information collected during the study will be kept confidential and stored securely. Your identity will not be revealed in any publications or reports that result from this research.

Voluntary Participation

Your participation in this study is completely voluntary. You may choose not 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 any questions about this study, please contact [Researcher's Name] at [Phone Number] or [Email Address].

Consent

By signing below, you agree that you understand the information presented and consent to participate in this study.

Signature: _____

Date: _____

Thank you for considering participation in this important research.

Sincerely,
[Research Team/Institution Name]