

Consent Form for Participation in Clinical Trial

Date: _____

Participant Name: _____

Participant Address: _____

Phone Number: _____

Study Title: _____

Principal Investigator: _____

Institution: _____

Introduction

You are being asked to participate in a clinical trial that involves the following medical procedure(s): _____.

Purpose of the Study

The purpose of this study is to: _____.

Procedures

If you agree to participate, you will undergo the following procedures:
_____.

Potential Risks

There are potential risks involved, including: _____.

Benefits

The potential benefits of participating in this study include: _____.

Confidentiality

Your participation will be kept confidential to the extent allowed by law.

Voluntary Participation

Participation in this clinical trial is voluntary. You may refuse to participate or withdraw at any time without any penalty or loss of benefits.

Consent

I have read the information provided above and I voluntarily consent to participate in the clinical trial.

Participant Signature: _____ Date: _____

Investigator Signature: _____ Date: _____