

Consent for Participation in Pharmaceutical Trial

Date: _____

Participant Name: _____

Address: _____

Contact Number: _____

Dear Participant,

You are being invited to participate in a clinical trial for the investigational drug, [Drug Name]. The purpose of this trial is to determine the safety and efficacy of this drug in [brief description of the condition].

Study Details:

- Duration of the study: [X months/years]
- Procedures involved: [Briefly outline procedures]
- Expected benefits: [Possible benefits]
- Risks involved: [Possible risks]

Your participation in this trial is entirely voluntary. You may withdraw from the study at any time without any effect on your medical care.

Confidentiality:

Your personal information will be kept confidential and will only be used for purposes related to this study.

Consent:

By signing below, you acknowledge that you have read and understood the information provided, and you agree to participate in this clinical trial.

Signature: _____

Date: _____

Contact Information:

If you have any questions, please contact:

[Investigator's Name]

[Institution Name]

[Contact Number]

Thank you for considering participation in this important study.