Informed Consent for Experimental Procedure

Date: _____

Patient Name: _____

Patient ID: _____

Purpose of the Procedure

This document is intended to inform you about the experimental procedure you will undergo, its potential benefits, risks, and alternatives.

Description of the Procedure

You will be undergoing the following experimental procedure: _____.

Potential Benefits

The potential benefits of this procedure include: _____.

Risks and Discomforts

There are potential risks involved, including but not limited to: _____.

Alternatives

Alternatives to the proposed procedure include: _____.

Voluntary Participation

Your participation in this procedure is voluntary. You may withdraw your consent at any time without affecting your future care.

Consent

I, _____ (Patient Name), have read and understand the information provided above. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I consent to the experimental procedure described above.

Signature of Patient: _____

Date: _____

Witness

Signature of Witness: _____

Date: _____