

# Consent for Enrollment in Medical Research Study

Date: [insert date]

Participant Name: [insert participant's name]

Participant Address: [insert participant's address]

Dear [Participant's Name],

We are pleased to invite you to participate in our medical research study titled "[insert study title]." This study aims to [briefly describe the purpose of the study].

Participation in this research is voluntary, and you have the right to withdraw at any time without penalty. The study procedures will involve [briefly outline the procedures participants will undergo].

We assure you that your privacy will be protected, and confidentiality will be maintained throughout the research process. Any information collected will be used solely for research purposes.

If you agree to participate, please sign and date this consent form below:

\_\_\_\_\_  
Participant Signature

Date: \_\_\_\_\_

Thank you for considering participation in our study. Your contribution is invaluable to advancing medical knowledge.

Sincerely,

[Researcher's Name]

[Title/Position]

[Institution/Organization]

[Contact Information]