

Informed Consent for Participation in Clinical Trial

Date: [Insert Date]

Dear [Participant's Name],

We invite you to participate in a clinical trial titled "[Title of the Study]." This study is being conducted by [Researcher's Name] at [Institution/Organization Name]. Your participation is voluntary, and you can withdraw at any time.

Purpose of the Study

The purpose of this study is to [Briefly explain the purpose].

Procedures

If you agree to participate, you will be asked to [Describe procedures participants will undergo].

Risks and Benefits

There may be risks involved in participating, including [List potential risks]. However, you may benefit from [Describe potential benefits].

Confidentiality

Your privacy is important to us. All information collected will be kept confidential and will only be used for research purposes.

Contact Information

If you have any questions, please contact [Researcher's Name] at [Phone Number] or [Email Address].

Consent

By signing below, you are agreeing to participate in this study.

Participant's Signature

Date

Thank you for considering participation in our study.

Sincerely,

[Researcher's Name]

[Institution/Organization Name]