Clinical Research Informed Consent Form

Research Title: _____

Study Sponsor: _____

Researcher's Contact Information:

Name: _____

Phone: _____

Email: _____

Purpose of the Study:

This clinical research aims to _____

Study Procedures:

You will undergo the following procedures: _____

Duration of Participation:

The estimated duration for your participation is _____

Possible Risks and Discomforts:

The known risks include _____

Benefits to Participation:

This research may provide benefits such as _____

Confidentiality Assurance:

Your identity and personal data will remain confidential and used solely for research purposes.

Withdrawal from Study:

You can withdraw your consent at any time without affecting your medical care.

Consent Declaration:

I have read the study details, and my questions have been answered to my satisfaction. I voluntarily agree to participate.

Participant's Name: _____

Participant's Signature: _____ Date: _____

Researcher's Name and Signature: _____ Date: _____