

Informed Consent Form for Research Study

Title of Research Study: _____

Principal Investigator:

Name: _____

Contact Information: _____

Purpose of the Study:

The purpose of this research is to _____

Duration of Participation:

Your participation will take approximately _____

Procedures:

You will be asked to _____

Potential Risks:

There may be some risks associated with your participation, including _____

Potential Benefits:

You may benefit from participating in this study by _____

Confidentiality:

Your data will be kept confidential and used only for research purposes.

Voluntary Participation:

Your participation in this research is completely voluntary. You may withdraw at any time without any penalty.

Consent Statement:

I have read and understood the information provided about this research study. I voluntarily agree to participate.

Participant's Name (Printed): _____

Participant's Signature: _____ **Date:** _____

Investigator's Signature: _____ **Date:** _____