

Research Participant Informed Consent Form

Study Name: _____

Research Conducted By:

Name: _____

Affiliation: _____

Contact Information:

Phone: _____

Email: _____

Purpose:

This study is being conducted to _____

Participation Requirements:

Participants will be asked to _____

Study Duration:

This research will take approximately _____

Risks and Discomforts:

Risks may include _____

Benefits:

Benefits to participation include _____

Confidentiality:

Your information will be handled in a confidential manner and used only for research purposes.

Voluntary Nature of Participation:

Participation is completely voluntary, and you may withdraw at any time without any penalty or effect on any services.

Consent Statement:

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

Participant's Name: _____ **Date:** _____

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

Researcher's Name and Signature: _____ **Date:** _____