

# Data Use Consent Form Sample for Clinical Trials

A **data use consent form** sample for clinical trials ensures participants understand how their personal and medical information will be collected, stored, and used during the study. This form is essential for maintaining transparency and complying with ethical and legal standards. Proper consent protects both the participants' rights and the integrity of the research process.

## Sample Data Use Consent Form

### 1. Participant Information

Full Name:

Date of Birth:

Contact Information:

### 2. Purpose of Data Collection

The purpose of collecting your personal and medical data is for conducting the clinical trial titled *[Title of Study]*. Your data will be used exclusively for research and analysis related to this study.

### 3. Types of Data Collected

- Personal information (name, date of birth, contact details)
- Medical history
- Study-related test results and observations
- Any other relevant health information

### 4. Data Storage and Protection

Your information will be securely stored on password-protected databases and/or in locked filing cabinets. All data will be anonymized/de-identified wherever possible to protect your privacy. Access to your information will be limited to authorized study personnel only.

### 5. Data Sharing

Your de-identified data may be shared with regulatory agencies, scientific collaborators, or published in scientific literature. Your identity will never be disclosed in any publications or reports.

### 6. Rights and Withdrawal

Participation is voluntary. You have the right to withdraw your consent and participation at any point. Withdrawal will not affect your medical care or relationship with the study team.

### 7. Contact

For any questions or concerns regarding your data or participation, please contact:

Principal Investigator:

Phone/Email:

### Consent

I have read and understood the information above. I voluntarily agree to the use of my data for the purposes described.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_