

# Clinical Trial Data Collection Consent Form

This **clinical trial data collection consent form example** ensures participants are fully informed about the study's purpose and procedures. It outlines their rights, data handling, and confidentiality measures. Using this form helps maintain ethical standards and compliance in clinical research.

## Participant Information

Full Name:

Date of Birth:

Contact Information:

## Study Details

- **Study Title:** \_\_\_\_\_
- **Principal Investigator:** \_\_\_\_\_
- **Institution:** \_\_\_\_\_

## Consent Information

### 1. Purpose of the Study:

This research study aims to [briefly describe study aim].

### 2. Procedures:

You will be asked to [briefly describe the procedures and data collection process].

### 3. Voluntary Participation:

Your participation is voluntary. You may withdraw at any time without penalty.

### 4. Confidentiality:

Your data will be kept confidential and stored securely. Only authorized research staff will have access to your information.

### 5. Risks and Benefits:

Potential risks include [list risks]. Benefits include [list benefits, if any].

### 6. Contact Information:

If you have questions, please contact [PI name] at [phone/email].

## Consent Statement

I have read and understood the information provided above. I consent to participate in this study and to the collection and use of my data as described.

Participant Signature:

Date:

Witness Signature (if applicable):

