

General Consent Form for Research Participation

This **general consent form** is provided to obtain your informed permission to participate in a research study. Please read this document carefully and ask any questions you may have before agreeing to participate.

1. Study Title

2. Researcher(s) Information

Name: _____

Contact Information: _____

3. Purpose of the Study

Please briefly describe the purpose of this research study.

4. Procedures

If you agree to participate in this study, the following will happen:

5. Risks and Discomforts

Please outline any potential risks or discomforts associated with participation.

6. Benefits

Please outline any potential benefits of participating in the study.

7. Confidentiality

Your information will be kept confidential to the extent permitted by law. Any reports or publications will not include information that can identify you as a participant.

8. Voluntary Participation

Your participation in this study is entirely voluntary. You may choose not to participate or to withdraw from the study at any time without penalty.

9. Contact Information

If you have any questions about the study or your rights as a participant, you may contact:

10. Consent

☐ I have read the information provided above. I have had the opportunity to ask questions and all my questions have been answered. I consent to participate in this study.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____