

# 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.

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## 4. Procedures

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

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## 5. Risks and Discomforts

Please outline any potential risks or discomforts associated with participation.

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## 6. Benefits

Please outline any potential benefits of participating in the study.

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## 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:

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## 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: \_\_\_\_\_