Informed Consent Form Sample for Medical Research

This **informed consent form** is provided to ensure that you understand the purpose, procedures, potential risks, and benefits of your participation in this medical research study. Please read the following information carefully before deciding whether to participate.

1. Study Title

[Insert Study Title Here]

2. Investigator(s) and Contact Information

- Principal Investigator: [Name]
- Institution: [Institution Name]
- Contact Number: [Phone Number]
- Email Address: [Email]

3. Purpose of the Study

The purpose of this study is to [brief summary of research goals and objectives].

4. Procedures

If you agree to participate, you will be asked to:
[Describe procedures, frequency, duration, and location]

5. Risks and Discomforts

The potential risks and discomforts associated with your participation are:
[List potential risks or state "There are minimal risks associated with this study."]

6. Benefits

The benefits of your participation may include:
[Describe any personal or societal benefits]

7. Confidentiality

All information you provide will be kept confidential and used only for the purposes of this research. Your identity will not be disclosed in any reports or publications.

8. Voluntary Participation

Participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits.

9. Questions

If you have any questions about the study or your rights as a participant, please contact [Researcher Name] at [contact information].

10. Consent Statement

By signing below, you acknowledge that you have read and understood the information above, have had your questions answered, and voluntarily agree to participate in this study.

Participant's Name: _____
Participant's Signature: _____
Date: _____

Investigator's Signature: _____
Date: _____