

Research Consent Form for Genetic Testing Studies

You are being invited to participate in a research study involving genetic testing. Please read this form carefully and ask any questions you may have before deciding whether to participate.

Purpose of the Study

The purpose of this study is to investigate genetic factors related to [state the condition, trait, or aim]. The genetic information collected will improve our understanding and may contribute to advancements in diagnosis, prevention, and treatment.

Procedures

- You will be asked to provide a biological sample (e.g., blood or saliva) for genetic analysis.
- Your DNA will be extracted and analyzed in a laboratory.
- The testing process will take approximately [duration].
- The results will be kept confidential and only used for research purposes.

Potential Risks and Benefits

- **Risks:** There may be risks to your privacy if genetic information is inadvertently disclosed. All efforts will be made to protect your data. Other risks may include emotional discomfort from learning genetic information.
- **Benefits:** You may not directly benefit from participating. However, the knowledge gained from this study may benefit others in the future.

Confidentiality

Your participation is confidential. All research records will be stored securely, and only authorized study staff will have access. Personal identifiers will be removed wherever possible. Results will be reported in aggregate and will not identify you.

Voluntary Participation

Participation is voluntary. You are free to withdraw at any time without any penalty or loss of benefits. Your decision will not affect your current or future relationship with [institution].

Contact Information

If you have questions about this study, please contact the research team at [contact information]. For questions about your rights as a research participant, contact [ethics board].

Consent Statement

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

Participant Name: _____
Signature: _____
Date: _____