Clinical Trial Participant Consent Form Sample

The **clinical trial participant consent form sample** provides a clear template ensuring that participants are fully informed about the study's purpose, procedures, risks, and benefits. This document is essential for ethical compliance and protects both the participant and the research team. Using a standardized consent form helps facilitate transparent communication and trust in clinical research.

Participant Information

Full Name:

Date of Birth:

Contact Information:

Study Information

Study Title:

Principal Investigator:

Study Location:

Consent Details

1. **Purpose**: I understand the purpose of this clinical trial is:
2. **Procedures**: I understand the procedures involved in this trial include:
3. **Risks & Discomforts**: The potential risks or discomforts are:
4. **Benefits**: The potential benefits are:
5. **Voluntary Participation**: I understand that my participation is voluntary, and I may withdraw at any time without penalty or loss of benefit.
6. **Confidentiality**: I understand my personal information will be kept confidential as outlined by the research team.
7. **Questions and Contacts**: I have been informed whom to contact with questions or in case of a research-related injury:

Participant Consent

I have read (or have had read to me) the information in this consent form. All my questions have been answered to my satisfaction, and I voluntarily agree to participate in this study.

Participant Signature:

Date:

Witness (if required):

Date: