Informed Consent Form Sample for Clinical Trials

An **informed consent form sample** for clinical trials is a crucial document that ensures participants understand the study's purpose, procedures, risks, and benefits before enrolling. It promotes transparency and ethical standards by providing clear information and obtaining voluntary agreement. Using a well-structured template helps researchers maintain compliance with regulatory requirements and protect participant rights.

Sample Informed Consent Form

Study Title: [Insert Study Title Here]

Principal Investigator: [Investigator Name, Contact Details]

Sponsor: [Sponsor Name/Institution]

Site: [Hospital/Clinic/Location]

Study Number: [Study Identification Number]

1. Introduction

You are being invited to participate in a clinical research study. Before you decide whether to participate, please read the following information carefully and ask any questions you may have. Your participation is voluntary.

2. Purpose of the Study

The purpose of this study is to [briefly describe study aim in simple language].

3. Procedures

If you agree to participate, you will be asked to [describe procedures, number of visits, duration, sample collection, etc.].

4. Risks and Discomforts

The possible risks or discomforts include [list foreseeable risks, side effects, inconveniences, etc.].

5. Benefits

You may benefit from participation in the following ways: [describe any direct or indirect benefits]. However, there is no guarantee of personal benefit.

6. Alternatives

Participation is voluntary. You may choose not to take part. Alternatives to participation include [briefly describe alternatives].

7. Confidentiality

Your information will be kept confidential as permitted by law. Data may be used for research purposes only.

8. Voluntary Participation and Withdrawal

Your participation is entirely voluntary. You may withdraw at any time without penalty or loss of benefits.

9. Questions

If you have questions about the study, please contact [Investigator Name, Phone, Email]. For questions about your rights, contact [Institutional Review Board contact info].

10. Consent

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

Participant Name: _____
Signature: _____

Date: _____

Investigator Name: _____
Signature: _____
Date: _____