

Research Study Medical Consent Form Sample

Study Title: [Insert Name of Study]

Principal Investigator: [Insert Investigator Name]

Institution: [Insert Institution Name]

Contact Information: [Insert Contact Details]

Introduction

You are being invited to participate in a research study. Before you decide, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish.

Purpose of the Study

[Describe the purpose of the research study, including its objectives and why it is being conducted.]

Procedures

If you agree to take part, you will be asked to [explain the procedures, tests, and duration].

Risks and Discomforts

[List any potential risks, side effects, or discomforts related to participation.]

Benefits

[Describe any potential benefits to the participant or to others as a result of the study.]

Confidentiality

All information collected in this study will be kept strictly confidential. Your identity will not be disclosed in any publications or reports resulting from this study.

Voluntary Participation

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

Questions

If you have any questions concerning the research study, please contact the principal investigator at the number provided above.

Consent

By signing below, you indicate that:

- You have read and understood this information.
- You have had the opportunity to ask questions and have received satisfactory answers.
- You voluntarily agree to participate in this study.

Participant's Name (Printed): _____

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____
