

Patient Consent Form for Clinical Trials

This **printable patient consent form** sample is designed for clinical trials, ensuring clear communication of study details and patient rights. It helps streamline the consent process by providing a standardized format. Download and customize the form to suit specific trial requirements efficiently.

Study Title:

Principal Investigator:

Contact Number:

Participant Information

Name: **Date of Birth:** **Patient ID (if any):**

Purpose of the Study

The purpose of this clinical trial is to:

Procedures

As a participant, you will undergo the following procedures:

Risks and Benefits

Patient Rights

- You may refuse to participate or withdraw at any time without penalty.
- Your medical care will not be affected by your decision.
- Your data will be kept confidential.

Consent Acknowledgement

- ☐ I have read and understood the information provided above.
- ☐ I have had all my questions answered.
- ☐ I voluntarily agree to participate in this clinical trial.

Participant Name: _____**Signature:** _____**Date:** _____**Investigator/Designee Name:** _____**Signature:** _____

Date: _____

This template is for sample purposes only and should be reviewed and customized according to regulatory and institutional guidelines.