

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:

Enter title of the clinical trial

Principal Investigator:

Name

Contact Number:

Phone

Participant Information

Name: [Full Name]

Date of Birth: [MM/DD/YYYY]

Patient ID (if any): []

Purpose of the Study

The purpose of this clinical trial is to:

Describe the purpose of the study...

Procedures

As a participant, you will undergo the following procedures:

List procedures...

Risks and Benefits

List potential risks and benefits associated with participation...

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.