

Informed Consent Form

Title of Research Study: _____

Principal Investigator: _____

Introduction

Purpose

Procedures

Risks and Benefits

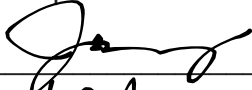
Confidentiality

Voluntary Participation

Contact Information

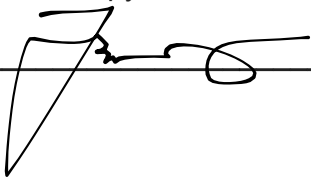
If you have any questions or concerns about the study, please contact the principal investigator, _____ *[Researcher's Name]*, at _____ *[Phone Number]* or _____ *[Email Address]*. If you have any questions about your rights as a research participant, you can contact the Institutional Review Board (IRB) at _____ *[IRB Contact Information]*.

By signing below, you indicate that you have read and understood the information provided and voluntarily consent to participate in this research study.

Participant's Signature: _____  Date: _____

Researcher's Signature: _____  Date: _____

Note: A copy of this consent form will be provided for your records.

_____  *[Institutional Approval Stamp/Signature]*