

Informed Consent Form - Medical Research

Company Name:

Company Name:

Purpose of the Medical Research

Procedure

Possible Risks

Benefits from Participation

Costs/Payment

Confidentiality

Right to Refuse

Contact Information

Consent:

Insert the necessary lines for the customer to indicate their consent, like "I have read this form about this research study and I'm made aware of the potential risk..."

Print name of the person taking the consent

Signature of the person taking the consent

Date (Month/Day/Year)