

# 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]*