Informed Consent Form

Title of Study

.

**Principal investigator**

**Other Investigators**

**Institute**

**Introduction and background**

**Purpose of this research study**

**Procedure (brief methodology)**

**Possible risks or discomforts**

**Possible benefits**

**Financial considerations (compensation)**

**Confidentiality**

**Right of refusal to participate and withdrawal**

**Available sources of information**

Any further questions you have about this study will be answered by the Principal Investigato/ Co-Investigator, (Name), (Institute), (Contact Number)

**Authorisation**

I have read and understand this consent form, and I volunteer to participate in this research study. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal fault of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws.

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| --- | --- |
| Participants name (Printed or Typed):  Date: | Principal investigations signature:  Date: |
| Participants signature:  Date: | Signature of person obtaining consent:  Date: |