Informed Consent for Research Protocol

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| **Explanation** |
| I hereby voluntarily consent to participate in this research protocol. In this study, I will <GENERAL DESCRIPTION OF PARTICIPANT ACTIVITES> |
| **Benefits to be Expected** |
| <DESCRIBE THE BENEFITS OF COMPLETING THE STUDY FOR THE PARTICIPANT, FOR THE RESEARCH COMMUNITY, AND FOR YOURSELF> |
| **Risks and Discomforts** |
| <DESCRIBE ANY REASONABLE RISKS OR DISCOMFORTS ASSOCIATED WITH PARTICIPATING IN THIS STUDY. BE CLEAR BUT NOT DRAMATIC> |
| **Freedom of Consent** |
| I have read the information above and have had all my questions answered to my satisfaction. In addition I am aware that:   1. My name and information given will remain strictly <**confidential/anonymous>** **(pick one)** 2. My responses will be kept in a locked cabinet in a locked room (**LOCATION).** 3. I am entitled to further inquiries regarding this research. 4. I am free to withdraw from this research at anytime without penalty or prejudice. 5. My signature indicates that I have received and have carefully read this consent form. |
| Participant Name (Please Print Clearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The investigators of this research welcome any questions regarding the research protocol or aspects of it. For questions or comments contact <YOUR NAMES> at <YOUR PHONE NUMBER. or <Supervising Researcher> (Phone Number).** |