

Participant Consent Form for Research Involvement

Project Title:

Principal Investigator:

Contact Information:

Purpose of the Study

This study is being conducted to

Procedures

If you agree to participate, you will be asked to

Risks and Benefits

Any potential risks include . Similar benefits include .

Confidentiality

Your responses will be kept confidential and information will not be shared without your consent.

Voluntary Participation

Your participation in this study is completely voluntary. You may withdraw at any time without penalty.

Consent

I have read and understood the information provided above. All my questions have been answered to my satisfaction. I consent to participate in the research study.

Participant's Name:

Signature:

Date: