

# Informed Consent Form

## Purpose of Research

(To be completed by research team)

Provide to the participant of the purpose, risks, benefits and expected duration of the participation and the procedures of the study.

## Consent

I, \_\_\_\_\_, state that I am over 18 years of age and that I agree to participate in a research study being conducted by \_\_\_\_\_. I acknowledge that \_\_\_\_\_ has informed me that my participation in this study is voluntary, that I may refuse to participate or withdraw my participation at any time without penalty or loss of benefits, and that all data that I contribute will remain confidential. The purpose, risks, benefits and expected duration of my participation, and the procedures of the study (including the identification of any procedures that are experimental) have been explained to me, and I am competent to understand them. I understand that this study involves minimal risk. This consent is being signed prior to participation in the study.

\_\_\_\_\_  
Signature of participant Date

\_\_\_\_\_  
Signature of witness Date

Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions about the research.

Please contact \_\_\_\_\_ at \_\_\_\_\_ if you have any questions about your rights as a participant, or in the event of a research-related injury.

If you would like to receive a summary of the results at the conclusion of the study, please write your email address here: \_\_\_\_\_