

**INFORMED CONSENT FORM Template**

**Study Title:**

**Name of Principal Investigator:**

**Name of the Co-Investigator:**

**Collaborating Institutes/ Site of the Study**

**INTRODUCTION: brief background of the study**

**WHY IS THIS STUDY BEING DONE?**

**WHAT IS INVOLVED IN PARTICIPATING IN THIS STUDY?**

**WHAT WILL HAPPEN TO YOUR SAMPLES AND STUDY DATA?**

**WHO WILL HAVE ACCESS TO YOUR SAMPLES AND STUDY DATA?**

**WHAT ARE THE RISKS OF THIS STUDY?**

**OTHER RISKS:**

**ARE THERE BENEFITS TO PARTICIPATING IN THIS OPTIONAL STUDY?**

**WHAT ABOUT CONFIDENTIALITY?**

**WILL YOU RECEIVE ANY COMPENSATION PARTICIPATING IN THIS STUDY?**

**WHAT ARE YOUR RIGHTS AS A PARTICIPANT?**

**WHOM DO YOU CALL IF YOU HAVE QUESTIONS?**

**CONSENT TO PARTICIPATE IN THIS RESEARCH**

**Signature of the Participation**

**Witness 1**

**Signature of Principle Investigator**

**Signature of Co-Investigators**

**Contact name/address**

**Witness**