INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

THIS INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY (this "Consent") is dated as of _____, and is executed by _____ ("Participant").

1. Study Information.

Study Name: _____

Study Number/Affiliation: _____

Researcher's Name: _____

Researcher's Address: _____

Researcher's Phone Number:_____

Researcher's Email Address: _____

Purpose of the Study: _____
_____
_____
_____
_____
_____
_____

Approximate number of people involved in the Study: _____

This Study is funded by: _____

2. Voluntary Participation. You are being offered the opportunity to participate in a research study. At all times, you have the right to be informed about the study procedures so that you can decide whether you want to consent to participation. At all times, please feel free to ask the Researcher to explain any information that you do not understand or for which you would like additional information.

Your participation is in this Study is entirely voluntary. You do not have to be involved in the Study if you do not want to. You may refuse or decline participation in the Study at any time (including before and after you sign this Consent), and nothing adverse will happen to you. If you do not want to continue to be involved in the Study, you may stop at any time without penalty or loss of any compensation or other benefits to which you are otherwise entitled.

Please contact the Researcher identified above at any time if you have any questions, comments, or concerns.

3. **Study Dates/Hours**. The Study is anticipated to begin on approximately _____ and end on approximately _____. Participants will be contacted for further information about initial meetings and/or preliminary information and more details about the start-date and process.

Participants should expect to spend approximately _____ hours _____ days _____ weeks, in total regarding their involvement in the Study.

4. **Participant Criteria**. _____

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5. **Purpose of the Study**. _____

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6. **Risks of Involvement in the Study**. _____

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7. **Benefits of Involvement in the Study**. _____

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8. **Compensation**.

□ Participant shall be entitled to the following compensation as a result of participating in the Study: _____

_____

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□ Participant will not be compensated for participating in the Study.

9. Costs Of Involvement In The Study.

□ There is no cost to Participant

□ The following costs may result from participation in the Study:

_____.

10. Confidentiality.

□ By participating in the Study, Participant may become privy to, or otherwise observe or learn about confidential information related to the subject matter of the Study and/or Researcher's work (hereinafter collectively, the "Confidential Information"). Participant agrees that except for disclosures required by applicable law, and information which is a matter of public record, Participant shall not, during the term of the Study or any time after the conclusion of the Study, disclose any Confidential Information to any person or use any Confidential Information for the benefit of Participant or any other person, except with the prior written Consent of the Researcher.

□ No confidentiality obligations

IN WITNESS WHEREOF, the undersigned executes this Informed Consent to Participate in Research Study as of the date indicated below.

Last Name: _____
First Name: _____
Middle Name: _____

_____
Signature

_____
Date