**INFORMED CONSENT FORM**

Title of Study:

Name of Study Investigator:

You are being asked to participate in a study on:

The purpose of this study is:

If you agree to be part of the research study, you will be asked to:

Possible risk or discomfort associated with this study is:

Possible benefit from this study is:

What will happen to the information collected in the study (address confidentiality):

If you have questions during the course of the study:

If you change your mind about being in the study:

By signing this document, you are agreeing to be in the study. You will be given a copy of this

document for your records and one copy will be kept with the study records. Be sure that questions you have about the study have been answered and that you understand what you

are being asked to do.

*I agree to participate in the study.*

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Signature Date