



Preliminary Consent Form for Participation in a Research Study

Title of the Research: (Enter the research title)

Principal Investigator: (Enter your name and position)

Email:

Phone:

You are invited to participate in a research study about **(insert study topic)**.

The aim of the study is **(insert the study's objective)**.

The findings of this research will be published in **(a specialized journal, a scientific conference, or possibly both...)**.

Expected duration of participation in this study: (Enter the required time period for participation).

Study procedures include: (Briefly describe the procedures involved in this study, whether it is experimental or otherwise).

Potential risks or discomforts from participating in this study: (Mention any risks or inconveniences involved—if any).

Expected benefits from participating in the study: (Mention any potential benefits—if any)

- If medical treatment is being provided as part of this study, you should mention alternative treatments available to participants. *(This line should be removed if not applicable.)*

Confidentiality and Privacy: The information you provide in this study will be kept **confidential / your identity will not be disclosed / or both**. (If necessary, describe in more detail how the information will be handled.)

- If the risks associated with this study go beyond the minimum acceptable level, briefly mention whether any compensation or medical services will be provided in case of injury. Also indicate the type of support available and how to access further information.

List individuals to contact for more information about the study, participants' rights, or in case of injury. For example, you may write: "Any questions regarding this study, participants' rights, or in the event of injury resulting from participation should be directed to (Principal Investigator's name and phone number)."

Participation in this study is entirely **voluntary**, and refusal to participate will not result in any penalties or loss of benefits to which you are entitled. You may also withdraw from the study at any time without penalty or loss of benefits.

Signature:

Participant's Name:

Date:/...../.....