**INFORMED CONSENT FORM**

Name of the study

**Consent for participation in a research study**

I have been requested to participate in the research study identified above. I have received information about the study in writing and have had the opportunity to ask questions from the researcher(s) conducting the study.

I understand that participating in the study is voluntary. I am aware that I have the right to refuse to participate and the right to withdraw from the study permanently or for a temporary period at any time and without giving a reason. I understand that any personal data collected in the course of the study will remain confidential.

I hereby give my voluntary consent for participation in this study.

Place and date

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in block letters

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Phone number Email address