**Consent to Join a Research Study**

You have been invited to be part of a research project.

Prior to your consent, the investigator is obligated to provide information regarding (i) the aims, methods, and expected duration of the study; (ii) any aspects of the study that are considered experimental; (iii) all anticipated risks, discomforts, and advantages related to the study; (iv) any alternative procedures or treatments that may be advantageous; and (v) the measures in place to protect your privacy.

Additionally, the researcher must inform you of (i) any compensation or medical treatment available in case of injury; (ii) the potential for risks that cannot be predicted; (iii) situations that may lead the researcher to terminate your involvement; (iv) any extra expenses for which you will be responsible; (v) the process should you choose to join or withdraw from the study; (vi) the timing and manner in which you will be updated about new information that might influence your decision to continue participation; (vii) the future use of information gathered during the study; and (viii) the total number of participants involved in the research.

Should you consent to take part, you are entitled to receive a signed copy of this document along with a written overview of the research.

For any inquiries related to the study, you can reach out to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have questions regarding your rights as a participant in the research or actions to take in case of injury, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your involvement in this research is entirely optional, and choosing not to participate or deciding to withdraw at any time will not result in any penalties or loss of benefits.

By signing this document, you acknowledge that the details of the research study, as outlined above, have been explained to you verbally, and you are voluntarily consenting to participate.

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Signature of participant Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of participant

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of witness Date