

# Informed Consent Form

---

Research Project Title:

Researcher(s):

1. Purpose of this study:

2. Procedures and/or treatments involved:

3. Anticipated time required for participation:

4. Potential benefits:

5. Potential risks or discomforts:

6. Medical/mental health contact information (if required):

7. Contact information for researcher(s):

8. Contact information for MCC IRB:

9. Explanation of confidentiality and privacy:

10. Assurance of voluntary participation:

**AFFIRMATION BY RESEARCH SUBJECT**

By signing below, I voluntarily agree to participate in the above listed research project, and I understand the above listed explanations and descriptions of the research project. I also understand that there is no penalty for refusal to participate and that I may withdraw my consent and participation in this project at any time without any penalty. I acknowledge that I am at least 18 years old. I have read (or had read to me) and fully understand this Informed Consent Form. I sign it freely and voluntarily. I acknowledge that at my request a copy of this Informed Consent Form will be provided to me to keep.

Research Subject's name: \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_