Informed Consent Form

To request information and to enroll in the study, please complete and return this form. If you have any questions or concerns, please contact the study coordinator.

[Institutional Review Board (IRB)]

Please read the following information carefully before signing the consent form.

Study Purpose:
This study is investigating [insert purpose of the study].

Eligibility Criteria:
To be eligible for this study, you must meet the following criteria:

1. [Insert eligibility criteria 1]
2. [Insert eligibility criteria 2]
3. [Insert eligibility criteria 3]

Exclusion Criteria:
Subjects with the following conditions are not eligible for this study:

1. [Insert exclusion criteria 1]
2. [Insert exclusion criteria 2]
3. [Insert exclusion criteria 3]

Risks and Benefits:
This study involves certain risks and benefits. The potential risks include [list potential risks]. The potential benefits include [list potential benefits].

Consent:
By signing this form, you agree to participate in this study and to follow all the instructions provided by the study staff.

Signature:
[Insert signature]
[Date]

[Study Coordinator]

Note: This form is not intended for legal purposes. It is for informational purposes only.