



CARRICK INSTITUTE
INSTITUTIONAL REVIEW BOARD
STANDARDIZED INFORMED CONSENT FORM

Informed Consent Form

Participation in a bio- medical/physiological research project/investigation

Title of the research project/investigation:

(S1)

Statement from the participant:

I have been given written and verbal information about the research project to a satisfactory degree and I know enough about the purpose of the investigation, methods, potential pros and cons (pro et contra) to make an informed to decision to **AGREE** to participate in the investigation and have my anonymized data used in scientific publications.

I KNOW that my participation is completely voluntary, and I can withdraw my consent at any time without losing my current or future possibilities for project participation, treatment and/or consultation.

BY SIGNING THIS DOCUMENT, I hereby give consent to participate in this investigation. I have received a copy of the written information about the project/investigation and have had all my questions answered.

Participant signature (please print): _____

Date (mm/dd/year): _____ Signature: _____

Do you wish to be informed about the results of the research investigation and any potential consequences these might have for you?

Yes: ____ No: ____

(S2)

Statement from the principal investigator:

I hereby declare that the participant has been thoroughly informed and have received written and verbal information about the present research project/investigation.

I hereby state that enough information has been provided for the individual to make an informed decision about participation in the present research project/investigation.

Principal investigator (please print): _____

Date (mm/dd/year): _____ Signature: _____

For internal use only:

Project identification number (CI-IRB#):

Assignment of participant unique ID number: