You have been invited to participate in the research investigation entitled: _____, conducted by or under the supervision of _____.

The nature and general purpose of the research procedure, as well as known risks and benefits, have been explained to you by: _____.
You do not have to participate if you don’t want to, and you can stop participating at any time. Your identity will be kept confidential. If you feel that you understand the risks and benefits of this study, as well as your rights as a participant, and you would like to participate, please sign and date below.

______________________________  Date
Signature of Participant

______________________________  Date
Signature of Witness

______________________________  Date
Signature of Investigator