INFORMED CONSENT FORM

Participant Name: _____ Date: _____

Study Title:

The Impact of XYZ Intervention on ABC Outcomes in Adult Participants

Principal Investigator:

Name: _____

Contact Information: _____

Introduction:

You are invited to participate in a research study. Before you decide to participate, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully and ask if there is anything that is not clear or if you would like more information.

Purpose of the Study:

The purpose of this study is to assess the effects of the XYZ intervention on ABC outcomes among adult participants. The results will help improve understanding of the intervention's effectiveness and safety.

Study Procedures:

If you agree to participate, you will be asked to undergo the following procedures: initial screening, completion of questionnaires, participation in XYZ intervention sessions, and follow-up visits. The total duration of your participation will be approximately ____ months.

Potential Risks and Discomforts:

There may be risks and discomforts associated with participation, including but not limited to: temporary discomfort during intervention sessions, potential side effects, and unforeseen risks. All efforts will be made to minimize these risks.

Potential Benefits:

You may or may not benefit directly from participation. Information obtained may benefit others by contributing to medical knowledge.

Confidentiality:

All information collected about you during the course of the study will be kept strictly confidential to the extent permitted by law. Your identity will not be disclosed in any reports or publications. Data will be stored securely and only accessible to authorized personnel.

Voluntary Participation and Withdrawal:

Your participation is entirely voluntary. You may refuse to participate or withdraw at any time without any penalty or loss of benefits to which you are otherwise entitled.

Compensation:

There is no payment for participation in this study. Any expenses incurred by you in connection with the study will not be reimbursed unless specifically stated.

Contact Information:

If you have questions about this study, your rights as a participant, or if you experience any problems related to the study, you may contact the Principal Investigator or the appropriate ethics committee.

Legal Rights and Liability:

By signing this form, you acknowledge that you understand the information provided and agree to participate in this study. This consent does not waive any legal rights you may have. Nothing in this consent form limits your rights under UK law.

PARTICIPANT'S SIGNATURE	**WITNESS'S SIGNATURE**
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____