**Informed Consent**
**Protocol Title:**

**Please read this consent document carefully before you decide to participate in this study.**

**Purpose of the research study:**

**What you will be asked to do in the study:**

**Time required:**

**Risks and Benefits:**

**Compensation:**

**Confidentiality:**

**Voluntary participation:**

**Right to withdraw from the study:**

**Whom to contact if you have questions about the study:**

**Whom to contact about your rights as a research participant in the study:**

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_