Informed Consent Form

Protocol Number: [Optional: Insert Protocol Number - if not, delete this line]

Study Title: [Insert Study Title]

Sponsor: [Insert Sponsor Name]

Investigator Name: [Insert PI Name]

Contact Information: [Insert PI or Study Operations Phone Number and PI Email]

Purpose of the Study: You are invited to take part in a research study. This study aims to [briefly state purpose or objectives of the research]. Please read this form carefully and ask any questions you may have before agreeing to participate.

Study Duration: Your participation in this study will last approximately [duration].

Who Can Participate: You may participate in this study if you [briefly list inclusion criteria]. You cannot participate if you [briefly list exclusion criteria]. Up to [insert approximate number] participants are expected to be enrolled in this study.

What Will Happen: If you decide to participate, you will be asked to [briefly describe tasks, procedures, surveys, etc.].

Your Responsibilities: As a participant, you will need to [briefly describe any specific responsibilities participants will have, such as attending visits, completing tasks, etc.].

Possible Risks: Participating in this study may involve [briefly state risks, if any. For low-risk studies, you may say "minimal risks similar to everyday activities" or list specific risks the participants might be exposed to. For high-risk studies, clearly describe specific risks and their likelihood].

Possible Benefits: You may [briefly describe potential benefits, if any, or clearly state if there is no direct benefit].

Compensation: You may receive [describe compensation or clearly state if there is no compensation] for your participation.

Confidentiality: Information collected during this study will be kept confidential. Only researchers and Tempus IRB may review your information. Results may be shared publicly, but your identity will remain confidential.

Use of Collected Information: Information gathered during this study may be used for research publications, presentations, or future research. Your identity will never be disclosed.

Voluntary Participation: Your participation is completely voluntary. You may refuse to participate or withdraw from the study at any time without penalty. Choosing not to participate or withdrawing from the study will not affect your current or future care or benefits.

Questions or Concerns: If you have any questions about this study, you are encouraged to ask the researcher who provided this form or the study's investigator listed at the top of this form. If you have questions or concerns about your rights as a participant, please contact Tempus IRB at 385-287-1138 (via phone or text) or participants@tempusirb.com.

Participant Consent:

I have read this form, or it has been read to me. My questions have been answered. By signing below, I agree to participate in this study.

Participant's Signature

Participant's Printed Name

Date