

Please read this consent document carefully before you decide to participate in this study. The researcher will answer any questions before you sign this form.

Study title _____

Purpose of the study

Procedures

Potential risks of participating

Compensation

Confidentiality

Voluntary participation

Right to withdraw from the study

CONTACTS

For questions about the study _____

For questions about your rights as a research participant in the study:

Dr. Jignya Patel, IRB Chairperson
150 W. University Blvd., Melbourne, FL 32901-6975
FIT_IRB@fit.edu
321-674-7391

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's signature _____ Date _____

Principal investigator's signature _____ Date _____