CONSENT TO PROVIDE CONTACT INFORMATION

Study Title:

Principle Investigator:

I consent to act as a contact person for the study participant who is taking part in the clinical study named above.

I understand that the study team may contact me for current address or other contact information for the study participant if the study team is unable to contact him/her.

I understand that I am free to withdraw this consent at any time by contacting the study team at (Phone # or other contact information)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Participant Signature Date