**INFORMED CONSENT FORM**

**Title of the Study in English:**

**Title of the Study in Arabic:**

**Principal Investigator:**

**Purpose of the Study:**

[Briefly explain the purpose in simple terms].

**Participation Details:**

Your participation in this study is entirely voluntary. You have the right to withdraw at any time without penalty. If you choose to participate, you will be asked to [describe what the patient will need to do, how long it will take, and any procedures involved].

**Potential Risks:**

The possible risks associated with your participation include [list any risks or state if there are none]. If at any time you experience discomfort, you should inform the researcher immediately.

**Potential Benefits:**

Your participation may help us better understand [state potential benefits for the participant and/or society]. However, there is no guarantee of direct benefits to you.

**Confidentiality:**

Your personal information and responses will be kept confidential. Only authorized personnel will have access to your data, which will be stored securely and used solely for research purposes.

**Contact Information:**

If you have any questions about this study or your rights as a participant, please contact:

**Investigator’s name:**

**Mobile Number:**

**Statement of Consent:**

I have read and understood the information provided above. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I voluntarily agree to participate in this study.

**Participant’s Name:**

**Participant’s Signature:**

Date:

**Researcher/Investigator’s Name:**

**Researcher/Investigator’s Signature**