



**Consent:**

**By signing this form, you are indicating that you have read and understood the research description provided, are fully aware of what will be asked of you and that you agree to take part in this study.**

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

Subject signature: \_\_\_\_\_

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

Subject printed name: \_\_\_\_\_

Printed name of individual consenting: \_\_\_\_\_

Signed name of individual consenting: \_\_\_\_\_