**CONJOINT HEALTH RESEARCH ETHICS BOARD CONSENT FORM TEMPLATE**

**Template Instructions:**

**Delete this boxed information**, all **instructional text** in **red**, and any sections of the consent template that are not applicable to your study.

Instructions and examples for informed consent authors are in *[italics]*

**Blue** text indicates information that the Principal Investigator should provide before the document is reviewed with the prospective research participant.

The font color of the final consent form should be **black**.

The reading level of the consent should be approximately grade 8-10. Please use a readability index, such as [hemingwayapp.com](file:///\\dtpfsrv1\chreb\CHREB\Website%20Documents\Consent%20Form%20Templates\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\AppData\Local\Microsoft\Windows\INetCache\Downloads\hemmingwayapp.com), to confirm the level.

In the footer of every page insert the following information: Ethics ID, PI, Study Title, Version Number, Version Date, and page number expressed as ‘Page X of Y’ (e.g. 1 of 2).



**CONSENT TO CONTACT FOR RESEARCH PURPOSES**

*Consistent with Section 34 of the Health Information Act, a custodian (such as a patient's clinician) may disclose individually identifying information including contact information to a person other than the individual who is the subject of the information if the individual has consented to the disclosure. This means that clinicians must seek patient consent to pass along their contact information to a research team. This form can be used to document this consent.*

**TITLE**: [Insert the full title of the research project]

**SPONSOR:** [Put the name of the sponsor here.] *The sponsor is the individual or entity that is responsible for the oversight of the study.*

**FUNDER**: [Put the name of the organization/company providing funds, drugs and/or equipment here.] *For example, if the study is funded by Canadian Institutes of Health Research (CIHR), then the University of Calgary would be considered the sponsor, and CIHR would be considered the Funder. If the funder and the sponsor are the same entity (for example, an industry sponsored study), then remove the Funder section and only include Sponsor.*

**INVESTIGATORS**: [State the name of the local Principal Investigator followed if desired by the names of co-investigators.]

[Put the main contact telephone numbers here, including area code]

You are being invited to give consent for [Insert name of the Principal Investigator], or a qualified member of [his/her] study team to contact you at some time in the future to invite you to participate in a research study.

Are you willing to learn more about the [Insert study title] study? (Circle one)

YES NO

If yes, you will be contacted at a later date. Please include your contact information below.

**[Specify, e.g., Telephone]:**

**[Specify, e.g., E-mail]:**

You authorize your health service provider to share your [specify which information is being requested - e.g., name, telephone number, and email address] with the research team for the purpose of being contacted to learn more about the research study, [study title].

Every effort will be made to safeguard your contact information. Although access to this information will be limited, there is a small chance that this information could be inadvertently disclosed or inappropriately accessed.

You have been made aware of the reasons why the contact information is needed and the risks and benefits of consenting or refusing to consent.

This consent is effective immediately. [If this consent includes an expiry date, specify it here]. Your consent to be contacted can be revoked by you at any time.

**Patient’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Health Services Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**