Mandatory and Verbatim:	
this waive your legal rights nor release the invest legal and professional responsibilities. You are f jeopardizing the health care you are entitled to re informed as your initial consent. You will be inf	d agree to participate as a participant. In no way does cigators, sponsors, or involved institutions from their free to withdraw from the study at any time without sceive. Your continued participation should be as formed in a timely manner if information becomes tinue participating in this study. You should also feel proughout your participation. If you have further
(Name of responsible investigator(s))	Phone number
Dr will be receiving finar	ncial compensation from the sponsors of this research

protocol for your participation in this st	tudy.	r
If you have questions concerning your the Office of the Health Research Ethic 5727 or toll-free at 1-877-423-5727.		
Participant's name (please print)		Date
Participant's signature		
Investigator's name (please print)		Date
Investigator's signature		
Delegate's name (please print) (Optional)		Date
Delegate's signature (Optional)		
Witness' name (please print) (Optional)		Date
Witness' signature (Optional)		

A copy of this form has been given to you to keep for your records and reference.

For inclusion in pediatric studies only add:

The investigator will, as appropriate, explain the nature of the research to your child and his or her involvement in it, and will seek his or her ongoing cooperation throughout the project.

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