

Mandatory and Verbatim:

Your signature on this form means that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing the health care you are entitled to receive. Your continued participation should be as informed as your initial consent. You will be informed in a timely manner if information becomes available that may affect your willingness to continue participating in this study. You should also feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

(Name of responsible investigator(s))

Phone number

Dr. _____ will be receiving financial compensation from the sponsors of this research protocol for your participation in this study.

If you have questions concerning your rights as a possible participant in this research, please contact the Office of the Health Research Ethics Board of Alberta – Clinical Trials Committee at: 780-423-5727 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.