

Canadian Longitudinal Study on Aging

Consent Form for a Proxy Information Provider

For more information about the study

**Residents of British Columbia, Alberta, Saskatchewan, Manitoba,
Ontario, Quebec, New Brunswick, Prince Edward Island or Nova
Scotia**

PLEASE CALL:

Toll-free: 1-866-999-8303

E-mail: info@clsa-elcv.ca

French and English

Residents of Newfoundland or Labrador

PLEASE CALL:

English Toll-free: 1-888-908-4988

French Toll-free: 1-866-999-8303

(Dr. Gerry Mugford, Site Investigator, Memorial University)

Supported by:

**Government of Canada through the Canadian Institutes of Health Research and the
Canada Foundation for Innovation**



Canadian Longitudinal Study on Aging
Etude longitudinale canadienne sur le vieillissement

Proxy Information Provider Consent Form

I have read the CLSA Proxy Information Provider information and I understand it.

I have had a chance to ask questions about being a proxy information provider, and all my questions have been answered.

I understand that at any time I can change my mind and withdraw from being a proxy information provider for the CLSA participant.

As a proxy for a CLSA participant I will receive a copy of the participant's proxy consent form that includes their wishes about how they would like to continue to participate in the CLSA.

Please sign as CLSA proxy information provider if you are the person who has been named by the CLSA participant to answer the study questions on the participant’s behalf.

<p>I agree to be the <u>proxy information provider</u> for the participant named below in relation to their participation in the Canadian Longitudinal Study on Aging.</p> <p>Participant Name: _____</p>	<table> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

Proxy Information
 Provider Name: _____ Date _____

Proxy Information
 Provider Signature: _____

<p>FOR OFFICE USE ONLY</p> <p>Principal Investigator or delegate</p>	
Name: _____	Date: _____
Signature: X _____	