



Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Participant ID: _____

Canadian Longitudinal Study on Aging

Participant Consent Form

For more information about the study

Residents of British Columbia, Alberta, Manitoba, Ontario, Quebec or
Nova Scotia

PLEASE CALL:
Toll-free: 1-866-999-8303
French and English
E-mail: info@clsa-elcv.ca

Residents of Newfoundland or Labrador

PLEASE CALL:
English Toll-free: 1-888-908-4988
French Toll-free: 1-866-999-8303
(Dr. Zhiwei Gao, Site Investigator, Memorial University)

Supported by:
Government of Canada through the Canadian Institutes of Health Research and the Canada
Foundation for Innovation

Please keep this copy for your records



Consent Form

If you do not agree with any of these statements please take the time to talk about your questions or concerns with the interviewer who speaks with you.

I have read the Information Package for the Canadian Longitudinal Study on Aging (CLSA) and I understand it.

I have had a chance to ask questions about the study, and all my questions have been answered.

I understand that as long as I choose to take part in the CLSA information about me will be collected for 20 years.

I understand that information about me will be stored for 25 years after the end of the study.

I understand that if I choose to give blood and urine samples they will also be stored for 25 years after the end of the study.

I understand that if I choose to give my Health Card Number, it will be used to link information about me in my public healthcare records held by the Provincial Government.

I understand that my information and samples will be used for research purposes only and this research may also have commercial uses that benefit society.

I understand that I can withdraw my consent at any time. If I choose to withdraw consent, I will be offered a number of options for how the information already collected about me will be used.

If you would like to take part in this study please read and sign the next page. Please note that you can take part in the study without agreeing to Option #2 or #3. However, by agreeing to Option #2 and #3 you are offering more opportunities to help us learn about health and aging.



Option 1: I agree to participate in the Canadian Longitudinal Study on Aging.

Yes

No

I understand this involves having a home visit and undergoing physical tests at a Data Collection Site every 3 years. I also understand that I will be contacted at the mid-point of 3 years for a telephone interview.

Option 2: I agree to provide blood and urine samples.

Yes

No

I understand this involves blood and urine collection when I visit the Data Collection Site every 3 years.

Option 3: I give permission to the Provincial Government to provide the CLSA team with information about me held in provincial health databases.

Yes

No

I understand that this will allow researchers to link my provincial health information to information collected from me by the CLSA.

I also understand that, should I withdraw my consent, data about me that has already been linked will remain part of the CLSA database.



**Participant
Name:** _____

Date: _____

**Participant
Signature:** _____

FOR OFFICE USE ONLY
Principal Investigator or delegate

Name: _____ **Date:** _____

Signature (x): _____