



clsa élcv
Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Participant ID: _____

Canadian Longitudinal Study on Aging
Consent Form for a Proxy Decision Maker

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. 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.

Proxy Decision Maker Consent Form

I have read the document *Information Pages for Proxy Decision Maker* and I understand it.

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

I understand that the CLSA will respect confidentiality in regards to any personal information I might share with them about myself or the CLSA research participant for whom I have agreed to act as their proxy decision maker.

I understand that at any time I can change my mind and withdraw from being a proxy decision maker for the CLSA research participant. I understand that my withdrawal as proxy decision maker does not withdraw the participant from the CLSA.

I understand that if I am not able to be reached after three attempts to contact, it will be considered that I have withdrawn from the role. In that case, I may be replaced in my role as proxy decision maker, if the participant has provided alternate proxy decision maker designates.



Participant ID: _____

You are eligible to be the participant's proxy decision maker if you have been designated for this role by the participant or you are legally authorized to make decisions on their behalf.

Please sign if you agree to act as the CLSA proxy decision maker for the CLSA research participant named below.

<p>I agree to be a <u>proxy decision maker</u> for the research participant named below in relation to their participation in research with the Canadian Longitudinal Study on Aging.</p>	Yes	No
<p>Research Participant Name: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Proxy Decision Maker Name: _____ Date _____

Proxy Decision Maker Signature: _____

<p align="center">FOR OFFICE USE ONLY Principal Investigator or delegate</p>	
Name: _____	Date: _____
Signature: _____	



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