



Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

Participant ID: \_\_\_\_\_

## 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](mailto: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 Information Provider Consent Form**

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

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

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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 information provider.

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

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I understand that if I cannot be reached after three attempts, it will be considered that I have withdrawn from the role. In that case, I may be replaced in my role as proxy information provider.

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Participant ID: \_\_\_\_\_

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

<p>I agree to be a <u>proxy information provider</u> for the research participant named below in order to provide questionnaire-based information to the Canadian Longitudinal Study on Aging.</p>	<b>Yes</b>	<b>No</b>
<p>Research Participant Name: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Proxy Information Provider Name: \_\_\_\_\_ Date \_\_\_\_\_

Proxy Information Provider Signature: \_\_\_\_\_

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



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