



CONSENT FORM

ADDITIONAL INFORMATION FOR CONTINUING RESEARCH PARTICIPANTS

Project Title:

Investigators:

Contact Information:

Sponsor: *(if any)*

You are participating in the above named research study. When you agreed to participate, the researchers mentioned they would share any new information about the study that might affect your willingness to continue to participate in the study.

The study now involves new [procedures and/or risk information] that are described below. The researchers will explain the new [procedures and/or risk information] and then ask for your consent [to participate in the new procedures as well as] to continue participating in the study. With the exception of the information provided below, all of the information provided to you previously still applies.

WHAT ARE THE NEW PROCEDURES INVOLVED IN THIS STUDY?

Describe the new information and/or procedures.

WHAT KINDS OF RISKS OR DISCOMFORTS COULD I EXPECT?

Describe the new risks or potential risks that could result from continued participation in the study and/or participating in the new procedures.

WHAT OTHER CHOICES DO I HAVE IF I DON'T WANT TO PARTICIPATE?

Describe any appropriate alternative procedures that should be considered before the participants decide whether or not to continue in the study.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT CONTINUING IN THIS STUDY?

The Research Team:

You may contact [insert name(s)] at [insert phone number(s)] with any questions or concerns about the research or your participation in this study.

Who should I contact if I have concerns regarding ethical issues related to this research project?

If you have any questions concerning your rights as a possible participant in this research, please contact the Research Compliance Officer, at Mount Royal University, 403-440-8470, hreb@mtroyal.ca.

WHAT ARE MY RIGHTS IF I DECIDE TO CONTINUE TO TAKE PART IN THIS STUDY?

Continuing to take part in this study is your choice. You can choose whether or not you want to participate. Whatever decision you make, there will be no penalty to you.

- You have a right to have all of your questions answered before deciding whether to continue to take part.
- Your decision will not affect the services you receive [or your education or employment, as relevant]
- If you decide to continue to take part, you can leave the study at any time.

HOW DO I INDICATE MY AGREEMENT TO PARTICIPATE?

Your signature on this form indicates that you have understood to your satisfaction the information regarding your continued participation in the research project and agree to continue to take part.

SIGNATURE OF STUDY PARTICIPANT

Name of Participant

Signature of Participant

Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent

Contact Number

A signed copy of this consent form has been given to you to keep for your records and reference.

Before submitting your consent form, please check it over (or have it checked) for grammar, spelling and typing errors.