

**SOME PERSONAL INFORMATION & CONSENT FORM:**

**By signing this consent form, I agree to participate in the Manitoba Tomorrow Project and I confirm that:**

- I have read and understand the study information booklet, and this consent form. I have had a chance to discuss this research project with the project staff, and have had my questions answered by them in language I understand.
- I understand the risks and benefits of participating in this project.
- I agree to complete a questionnaire about health and lifestyle.
- I understand I can receive the results of the study center appointment physical measures if I so choose, but the results will not be included in my medical records, and do not amount to a full medical checkup by a qualified physician.
- I agree to be re-contacted in the future to be invited to complete follow-up questionnaires, give more biological samples, participate in other research studies, and be updated about the progress of the project. I know that I am free to accept or refuse any of these invitations.
- I accept that the *Manitoba Tomorrow Project* may request information from health records about my past, current and future health, and will continue to be able to do so after I pass away or am unable to make decisions on my own, unless specifically stipulated otherwise. I agree to provide my personal health information number (PHIN) for linkage of these health records with my project biological samples and information.
- I accept that my biological samples and information will be stored for 50 years to support research related to cancer and other chronic health conditions, (e.g. heart disease, stroke, multiple sclerosis, diabetes and Alzheimer's disease).

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- I accept that my biological samples and information, after my name and other identifying information have been removed, may be made available to approved researchers from Manitoba, Canada and other countries for approved cancer and chronic disease research. I further accept that a portion of my biological samples and information, in coded form, may be transferred to or stored in other secure storage facilities outside Manitoba.
- I understand that a health professional associated with the *Manitoba Tomorrow Project* will contact me if the analysis of my complete blood count reveals very serious results that may require additional tests. The telephone number I provide when I sign up for the *Manitoba Tomorrow Project* will be used to contact me in the case of a potential emergency. I understand that not receiving a telephone call from the *Manitoba Tomorrow Project* does not necessarily mean that I do not have a condition or health issue that has not been detected.
- I understand that researchers who use my biological samples and information in the future might discover something unexpected that could significantly affect my health (known as an ‘incidental research finding’). I further understand that the decision to communicate incidental research findings to participants will be determined on a case-by-case basis by researchers working together with the *Manitoba Tomorrow Project* and a Research Ethics Board. I accept that if my biological samples and information are used by researchers in the future, individual results from the research will not be communicated to me, unless incidental research findings are found.
- I accept that my biological samples and information may be destroyed at the end of the *Manitoba Tomorrow Project*, unless directed otherwise by a research ethics board or other relevant authority at that time.
- I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. I authorize the inspection of any of my records that relate to this project by The University of Manitoba Research Ethics Board for quality assurance purposes.

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- I understand that I will receive no personal financial benefit from any potential future commercialization of any test or product developed as a result of research conducted using my biological samples and information.
- I understand that I will be given a copy of this consent form after signing it. I will keep this copy for my own records. I understand that my participation in this project is voluntary and that I may choose to withdraw at any time (by calling 1-855-588-0658). I do not need to say why I am withdrawing. I freely agree to participate in this research project.
- By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study.

Yes

No

**I agree to consider making an appointment at a *Manitoba Tomorrow Project* study center, to provide biological samples and information, and have physical measurements taken.**

_____	_____	_____
NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT	DATE

_____	_____	_____
NAME OF RESEARCH STAFF	SIGNATURE OF RESEARCH STAFF	DATE

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**CONFIDENTIAL PERSONAL IDENTIFYING INFORMATION:**

Your personal identifying information is collected for tracking and contact information only, and will only be accessible by authorized personnel from the *Manitoba Tomorrow Project* under controlled conditions. It will be stored securely and separately from the study information that you give us. The only link between your personal identifying information and the study information will be by means of a unique code. Only an extremely limited number of *Manitoba Tomorrow Project* staff will have access to the file that links your unique code to you.

**PLEASE PRINT:**

First Name _____ Middle Initial ____ Last Name _____
<b>Provincial Health Card number (9 digits):</b> _____

<b>Date of Birth:</b> Day _____ Month _____ Year _____
<b>Current Residential Address:</b>
Number and Street _____
Apt # _____
City _____ Province _____ Postal Code _____

<b>Mailing Address (if different from above):</b> _____
_____
<b>Other Contact Information:</b>
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____

## ALTERNATE CONTACT FORM

The Manitoba Tomorrow Project is a long-term study. For the study to reach its goals, it is very important for us to stay in touch with you for as long as you choose to remain in the study, even if you move outside of Manitoba (or Canada). Please complete the information below identifying two people (**who do not live with you**) we may contact if we lose touch with you.

### Person One

First Name _____ Last Name _____
<b>Current Address:</b>
Number and Street _____
Unit _____ City _____ Province _____
Postal Code _____ Preferred Phone Number (_____) _____
Email _____

### Person Two

First Name _____ Last Name _____
<b>Current Address:</b>
Number and Street _____
Unit _____ City _____ Province _____
Postal Code _____ Preferred Phone Number (_____) _____
Email _____

Please check this box to confirm you have permission from these two people to provide their contact information.

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