

*[use current CHSS Data Center letterhead]*

*[Insert Date]*

**Study Title:** *[indicate study title]*

**Study Cohort:** *[indicate study cohort]*

Dear \_\_\_\_\_,

Enclosed you will find 2 copies of the current written consent form for the above-referenced study that you are participating in. Please read the consent form over carefully. A study staff member from the CHSS Data Center will follow up in about 2 weeks to discuss the consent form with you, and answer any questions you may have about the study or study participation. At that time, if you wish to continue participating in the study, you will be asked to sign and date the consent form, and return it in the postage-paid envelope enclosed. Please keep the other copy for yourself.

If you have any questions regarding this, please feel free to call our toll-free number at **1-866-477-2477**, and we will be happy to talk to you and answer your questions.

Thank you for your participation in this research study. We look forward to staying in touch with you.

Sincerely yours,

*[insert name of CHSS Data Center study staff member]*

*[insert title of CHSS Data Center study staff member]*

Direct toll-free line: 1-866-477-2477

CHSS e-mail: [chss.dc@sickkids.ca](mailto:chss.dc@sickkids.ca)

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