



Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

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

Canadian Longitudinal Study on Aging

## Participant Consent Form

For more information about the study

Residents of British Columbia, Alberta, Manitoba, Ontario, Quebec or  
Nova Scotia

**PLEASE CALL:**

**Toll-free: 1-866-999-8303**

**French and English**

**E-mail: [info@clsa-elcv.ca](mailto:info@clsa-elcv.ca)**

Residents of Newfoundland or Labrador

**PLEASE CALL:**

**English Toll-free: 1-888-908-4988**

**French Toll-free: 1-866-999-8303**

(Dr. Gerry Mugford, 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



## Consent Form

**If you do not agree with any of these statements please take the time to talk about your questions or concerns with the interviewer who speaks with you.**

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I have read the Information Package for the Canadian Longitudinal Study on Aging (CLSA) and I understand it.

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I have had a chance to ask questions about the study, and all my questions have been answered.

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I understand that as long as I choose to take part in the CLSA information about me will be collected for 20 years.

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I understand that information about me will be stored for 25 years after the end of the study.

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I understand that if I choose to give blood and urine samples they will also be stored for 25 years after the end of the study.

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I understand that if I choose to give my Health Card Number, it will be used to link information about me in my public healthcare records held by the Provincial Government.

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I understand that my information and samples will be used for research purposes only and this research may also have commercial uses that benefit society.

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I understand that I can withdraw my consent at any time. If I choose to withdraw consent, I will be offered a number of options for how the information already collected about me will be used.

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**If you would like to take part in this study please read and sign the next page. Please note that you can take part in the study without agreeing to Option #2 or #3. However, by agreeing to Option #2 and #3 you are offering more opportunities to help us learn about health and aging.**



**Option 1: I agree to participate in the Canadian Longitudinal Study on Aging.**

**Yes**

**No**

I understand this involves having a home visit and undergoing physical tests at a Data Collection Site every 3 years. I also understand that I will be contacted at the mid-point of 3 years for a telephone interview.

**Option 2: I agree to provide blood and urine samples.**

**Yes**

**No**

I understand this involves blood and urine collection when I visit the Data Collection Site every 3 years.

**Option 3: I give permission to the Provincial Government to provide the CLSA team with information about me held in provincial health databases.**

**Yes**

**No**

I understand that this will allow researchers to link my provincial health information to information collected from me by the CLSA.

I also understand that, should I withdraw my consent, data about me that has already been linked will remain part of the CLSA database.



**Participant  
Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participant  
Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**Principal Investigator or delegate**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (x):** \_\_\_\_\_