

CONSENT FORM



CONSENT STATEMENT

I have read the information sheet thoroughly. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

I agree that the FIRH research team can:

- Collect my contact and personal health information from the attached "Registry Form" and from my FIRH health record (if applicable)
- Keep my contact and personal health information in their registry
- Contact me about participation in future studies

Name of Participant (please print clearly)

Signature of Participant

Date of today (D/M/Y)

