Letter of Information and Consent to Participate in a Research Study
(LTCH/RH Residents)

Title of Research Project: Wellness Hub: Understanding COVID-19 Transmission through Implementing and Evaluating an Intervention to Support Wellness, IPAC, Vaccine Uptake, and other Wraparound Care Needs in LTCH/RHs.

Short Title: Wellness Hub

Nominated Principal Investigator (NPI):
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Co-Principal Investigators:
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Selected Study Personnel:
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Study Sponsor: Knowledge Translation Program, St. Michael's Hospital

Study Funding: COVID-19 Immunity Task Force (CITF), John and Myrna Daniels Charitable Foundation via the University of Toronto's Aging and Place Institute

Conflicts of interest: The nominated and co-principal investigators and research staff do not have any conflicts of interest, financial or otherwise, related to this study or its outcome.

We are asking you to participate in this study because you are a *resident in* a long-term care home (LTCH)/retirement home (RH) in Ontario. Your LTCH/RH is currently participating in the Wellness Hub research program, a research program to support LTCH/RHs during the COVID-19 pandemic. As a part of your LTCH/RH's participation in this program, you are invited to participate in multiple research activities.

Participation in the Study
Your participation in this study is voluntary and you can withdraw at any time. If you choose not to participate, there will be no impact to the medical care received, employment at, or other relationship with Unity Health or

your LTCH/RH now or in the future for you and your family. Your decision to participate or not will not impact your LTCH/RH's participation in the Wellness Hub research program.

At this point, please also engage an interpreter and/or other witness to the consent process if you require support with working through the content of this consent form.

Before agreeing to take part in this research study, it is important that you read this Letter of Information. It includes details we think you need to know in order to decide if you wish to take part in the study. **If you would like to review a summary of this letter, you can take a look at the infographics for each part of the study you are interested in participating in.**

If you have any questions, you can ask an investigator or research team member using the contact information listed above. **Your primary contact if you have any questions will be the Wellness Hub team at 416-864-5697 or wellnesshub@unityhealth.to,** but you are welcome to contact anyone who you have questions for.

If you choose to participate in the study, you will need to provide your consent once you have finished reviewing all the information. Please feel free to discuss the study with others, such as your family doctor/a family member and/or a close friend.

> **Information for a substitute decision maker:**
> This consent form is intended for the person who is eligible to take part in this study. Please note that the use of the term "you" in this document refers to the person who is eligible to participate in this study. However, if the person is incapable of providing consent due to the severity of his/her illness, the consent of his/her authorized representative (substitute decision maker) will be sought. If at any time during the study the participant becomes capable of providing consent, their informed consent to continue participating in this study will be sought.

What are the objectives of this research study?
In Canada and worldwide, LTCH and RH have faced challenges with preventing and managing outbreaks of COVID-19. Our team is conducting a study to **1)** implement a program to support with the uptake of best practices in staff wellness and infection prevention and control (IPAC), as well as to support the uptake of vaccine confidence and wraparound care supports in LTCH/RHs, and **2)** understand the spread of COVID-19 infection in the LTCH/RH population. To do this, we hope to estimate the rate of individuals who previously had COVID-19 infection, and better understand predictors of previous and future COVID-19 infection.

Who will be involved in this component of the research study?

We will be recruiting over 44,000 participants across four populations (LTCH/RH staff, LTCH/RH staff's household members, LTCH/RH residents, LTCH/RH residents' family members/caregivers/essential care partners) from 72 LTCH/RHs in Ontario to participate in this component of the study. Certain sub-components will only be available to some of the four populations.

Exclusion criteria: Individuals who are under the age of 18, do not speak English or French, and/or self-identify as Indigenous will not be eligible to participate. Conducting research with Indigenous communities must involve partnerships with Indigenous Peoples from developing the research question through to research completion and dissemination to ensure the research is done in a culturally appropriate way and to avoid tokenism. This project has not engaged Indigenous partners from project onset and as such, in keeping with these principles, individuals who self-identify as Indigenous will not be eligible to participate in this study. Guidance from the Indigenous community has stated that engaging Indigenous populations without use of these thoughtful and resourced approaches can be damaging for the Indigenous communities and Indigenous Peoples. There are additional studies COVID-19 studies occurring designed specifically for Indigenous populations which you may be interested in. For more information, please contact our study team, or Olivia

Oxlade, Associate Scientific Director at CITF (the study funder) https://www.covid19immunitytaskforce.ca/contact-us/).

- **Please note:** Individuals who have blood clotting conditions (e.g., hemophilia), including individuals who are on blood thinners, or individuals who have experienced fainting or vomiting due to a finger prick or the sight of blood are discouraged from completing the dried blood spot test. Please self-screen for these conditions and decline dried blood spot participation if this applies to you.

How long will this study last?
Overall, this study will run for 18 months. Depending on when you are enrolled, there may be opportunities to participate in this research study now (upon enrolment) and again at a follow-up time point (around 6-9 months, with potential further variability based on study timelines and feasibility). While we may follow-up with all participants who enrolled at baseline at the follow-up time point, you are welcome to decline additional participation at that time.

Description of Research Activities

Please note: Depending on when you are enrolling in the program, the timeline of these research activities may be modified based on the time remaining in the Wellness Hub research and support program. For e.g., If you are enrolling in the study outside of the baseline data collection period, you may only be asked to complete one demographic questionnaire and provide one dried blood sample.

The timeline and frequency of involvement outlined below applies to someone enrolling in the baseline data collection window at their site.

Your involvement in the research study would involve:

A. Completing a demographic questionnaire now, and again at a follow-up time point.
We invite you to complete a questionnaire on relevant demographic characteristics, such as your age, sex, gender, ethnicity, education, household-level characteristics (e.g., number of individuals in your household, multigenerational home etc.), and COVID-19 history. This questionnaire can be completed in print, online, or over the phone, and should take no more than 10-25 minutes. Responses from this questionnaire will allow us to estimate some factors associated with COVID-19 infection.

Please note that participation in the demographic questionnaire and the dried blood spot sample is required to be eligible to participate in the other study components.

B. Provide a dried blood spot sample now, and again at a follow-up time point.
We invite you to provide a finger prick for dried blood spot collection, similar to how patients with diabetes test for blood glucose using a glucometer. Collection of dried blood spots will allow us to measure your antibodies against COVID-19. We can use this information to better understand the prevalence of previous COVID-19 infection, and evaluate the relationship among individual-level factors, previous exposure, vaccine status, and antibody levels. The research team or an external laboratory will use your sample for serological (i.e., blood exam) and immunological testing for COVID-19 antibodies and other related health outcomes. If you are interested, the results of the dried blood spot samples will be delivered to you by the research team.

Please note that participation in the demographic questionnaire and the dried blood spot sample is required to be eligible to participate in the other study components.

If you consent to participate in the demographic questionnaire and the dried blood spot sample, you would also be asked to:

C. Link your study data to your OHIP card

You are invited to give your permission to link your study data to your Ontario Health Insurance Plan (OHIP) card. OHIP access will allow us to obtain information about COVID-19 infection and re-infection, hospitalizations, risk factors, and more, in order to better understand who is most likely to be exposed to, and to have had, COVID-19. This information will be accessed from the ICES (Institute for Clinical Evaluative Sciences) databases. ICES databases contain information about physician, hospital, home care services and medications that are paid for by the Ontario government. In order facilitate data linkage, we will confidentially share study data with ICES since ICES cannot provide researchers with individual-level data. Sharing of study data will to allow the ICES team to link the study data with relevant healthcare information from the ICES database to perform study analyses. Data will only be shared for participants who consented to OHIP linkage. Any study data shared with ICES will be destroyed after analysis and will not be added to the ICES database.

Please note: If you do not consent to OHIP linkage, we may contact you throughout the study to ask about your COVID-19 diagnosis and vaccination status across the study period.

D. Potential opportunity to participate in other studies about correlates of protection against COVID-19

Dr. Allison McGeer's study team from Sinai Health is inviting Wellness Hub participants to participate in other studies about correlates of protection against COVID-19. Specifically, there may the opportunity to provide samples such as a blood draw if you were exposed to someone with COVID-19 and/or test positive for COVID-19. If you are interested in learning more about this opportunity, we ask your permission to transfer your personal health information (i.e., name and contact information) to the team at Sinai Health so that they can reach out to invite you to invite you and gather your consent to participate in the study. The Sinai Health team will inform the Wellness Hub team of which participants ended up consenting to participate in the additional Sinai Health correlates of protection research opportunities.

You would be responsible for self-flagging to the Sinai Health team if you had an exposure or a positive test. If you happen to let the Wellness Hub team know that you were exposed to or had a positive COVID-19 test and you consented to the Sinai Health research opportunity, we will share this with the Sinai who will follow-up with you.

You have the option to opt-out of any of the study components with the exception of the demographic questionnaire and the dried blood spot sample.

Providing your contact information to be contacted for future studies.
We would also like to invite you to provide us permission to contact you for future studies. We would ask that you provide us with your name, phone number, email address, and/or mailing address. Your data will be stored securely.

Contact the study team if you test positive for COVID-19 or receive a COVID-19 vaccine. We encourage you to please contact the study team at 416-864-5697 or wellnesshub@unityhealth.to if **1)** you test positive for COVID-19 throughout the study period and/or **2)** your COVID-19 vaccination status changes (i.e., you receive a/another dose of a COVID-19 vaccines. It is especially important to flag to the study team if there has been a change to your COVID-19 diagnostic or vaccination status between when you complete the demographic questionnaire and when you provide your dried blood spot sample.

Including your data as part of aggregate-level data reports to your LTCH/RH. The data that you provide through this study may help your LTCH/RH better prevent, prepare for, and manage COVID-19 outbreaks. We may be providing your LTCH/RH with aggregate-level summaries of the data provided from

participants in this study (this means data summarized across participants). You would not be identified in these summary reports. You have the option to consent to having your data included in these summaries.

Potential Risks (Injury, discomfort and inconvenience)

- **Option B:** You may have some acute pain and minor bruising at the site of blood collection; it is occasionally necessary to prick a second finger. **Reminder:** Individuals who have blood clotting conditions (e.g., hemophilia), including individuals who are on blood thinners, or individuals who have experienced fainting or vomiting due to a finger prick or the sight of blood are discouraged from completing the dried blood spot test. Please self-screen for these conditions and decline dried blood spot participation if this applies to you.
- **Option D:** Risks and benefits are outlined in the Sinai Health consent form(s).
- **Options A,C:** In completing the demographic questionnaire and/or linkage of your data to your OHIP card, there is a risk of a breach of privacy of your information, however, this risk is very low and the study team will take all possible measures to mitigate this risk. In the demographic questionnaire, you may be asked questions that you do not feel comfortable answering. You will have the option to not respond to any question that you do not feel comfortable answering.

Potential Benefits

- **Option B:** From participating in this component of the study, you will learn more about your previous exposure to COVID-19.
- **Option A,C:** You will receive no direct benefit from participating in this research, but the information that we learn from your study data may benefit others in the future, since we will understand more about virus infections.

Alternatives to Participation

This study is not looking at ways to provide medical treatment to you, so the alternative to taking part in this study is not to take part. Whether you choose to take part in this study or not, there will be no effect on your care or your employment at your LTCH/RH.

Privacy and Confidentiality of Your Personally Identifying Information, Study Data and Samples

In addition to the study personnel, other authorized employees (e.g., Research Ethics Board, Clinical Research Staff) of Unity Health Toronto and Sinai Health may have access to your personally identifying information so that they can carry out regulatory or institutionally required duties. Other than the individuals or groups described in this section, no persons will have access to your identifiable information without your consent, unless required by law. The study personnel will make every effort to keep your personally identifying information private and confidential in accordance with all applicable privacy legislation, including the Personal Health Information Protection Act (PHIPA) of Ontario.

The master linking log, which links participant ID numbers to participant name/LTCH/RH/contact information/identifying information, will be password-protected on the St. Michael's Hospital's, UHT, secure network and will only be accessible to a subset of the study team. For participants who consent to being contacted by Sinai Health to participate in other COVID-19 research studies, their identifying information (and potentially COVID-19 exposure and diagnostic status) will be securely transferred to Sinai Health where it will be stored on a secure network with restricted access.

It is important to understand that despite these protections being in place, there continues to be the risk of unintentional release of information.

Data storage and retention

- **Hard copy consent forms and study data:** In the short term, all hard copy documentation of consent and study data will be securely stored by UHT study personnel and/or by the LTCH/RH staff, with guidance from the UHT study personnel (e.g., in a secure area at the LTCH or RH). In the long term, all hard copy consent forms and study data will be stored in a locked cabinet in a locked room at St. Michael's Hospital (within UHT) for up to 7 years prior to destruction.
    - Consent forms will be labelled by participant full name.
    - Demographic questionnaires and any other study data (e.g., result of dried blood spot test) will be labelled by participant I.D. and stored separately from consent forms.
- **Electronic consent forms and study data:** Online and/or electronic documentation of consent and study data will be stored on 1) UHT's Applied Health Research Centre (AHRC) RedCap servers for a maximum of 10 years, as well as 2) on a restricted-access shared drive on the UHT secure institutional server for a maximum of 7 years. For RedCap, all study data will be securely stored on local servers at St. Michaels Hospital (within UHT) throughout the duration of the study and for up to 10 years after the study is complete. Authorized personnel receive a username and password which is unique, and database access is controlled by the AHRC (the Data Coordination Centre) in collaboration with the Principal Investigator.
    - As above, consent forms will be labelled by participant full name.
    - Demographic questionnaires and any other study data (e.g., result of dried blood spot test) will be labelled by participant I.D., and will be a separate data collection form from the consent forms.

  All consent and data may be transferred to these electronic formats.
- **Audio recordings:** If you chose to complete any of the data collection measures through interview format, your responses may be recorded on the data collection form by UHT personnel. If your interview is audio recorded, the content of the interview may be transcribed verbatim by UHT personnel or the NVivo transcription service. Audio recordings will be deleted once they are checked for accuracy. Audio recordings and transcripts will be labelled by participant I.D. stored on a restricted-access shared drive on the UHT secure institutional server. Transcripts will be kept for a maximum of 7 years.
- **Biological samples:** In the short term, biological samples will be securely stored by UHT study personnel and/or by the LTCH/RH staff, with guidance from the UHT study personnel (e.g., in a secure area at the LTCH or RH). In the long term, your dried blood spot samples will be shipped to the Gingras lab at Sinai Health System for processing and analysis. Once analysis is complete, the dried blood spot samples will be transported to St. Michael's Hospital (within UHT) for storage. Samples will be stored at St. Michael's Hospital (within UHT) for 7 years.
- **ICES Data:** We will work with ICES to analyze the data and will follow all institutional protocols for data sharing and contracts. Personal identifying information will be securely transferred from St. Michael's Hospital (within UHT) by the study team to ICES so the required links can be made to collect study data. Results and any data from ICES will be saved on our restricted-access shared drive on the SMH secure institutional server for a maximum of 7 years. Again, study team members may also input this data into the RedCap data management database where it would be stored for a maximum of 10 years. OHIP numbers will be stored securely on the UHT server for 7 years and/or the RedCap database for up to 10 years.

Withdrawal from the Study

If you choose to take part in this study, you can change your mind without giving a reason, and you may withdraw from the study at any time without any effect on the medical care, employment or other relationship you or your family have at or with your LTCH/RH or with any of the collaborating institutions. If at any time you want to withdraw from this study, please contact a member of the study team. For the dried blood samples, your data will be able to be removed up until the point that your de-identified data is sent off to the labs for processing. All other study data can be removed up until the point of data analysis.

The study may be terminated by the investigators or by the study sponsor at any time for any reason. See *Data Sharing of Study Data* below for specific considerations regarding withdrawal of shared data.

Data Sharing of Study Data and Samples

Please note that study data may be shared across the Wellness Hub study team to facilitate analysis.

Data Sharing with the COVID-19 Immunity Task Force (CITF):
De-identified versions of these study data will also be shared with our project funder, the CITF, according to their data sharing plan.

- **Where will the data shared with the CITF be stored?** The data provided to the CITF will be stored on the CITF Database. The data on the CITF Database will be held under the custodianship of McGill University or one of its collaborators and be shared via the cloud, both nationally and internationally.
- **How long will data shared with the CITF be stored?** The data on the CITF Database will be stored indefinitely, or, until it is no longer useful for research, or, an ethics committee decides otherwise.
- **Who else will access my data shared with the CITF?** Your data in the CITF Database can be used by researchers outside of the province in which you are located, or in other countries following Data Access Committee (DAC) approval. Data that has either been anonymized (i.e. you cannot be identified), or aggregated (i.e. is accumulated with the data of others), may be made open to the public using a website that anyone can access. Your data may be used alone or in combination with other data, including other health data.
- **How will the data that I share with the CITF be protected?** There remains a minimal risk that the inclusion of your study data in the CITF Database may lead to the disclosure of your identity. This could happen if there is a malicious or inadvertent breach of the CITF Database's security measures.
- **What if I want to withdraw my data?** If you withdraw your consent to participate in this research, we will contact the CITF, which will remove your data from the CITF Database. If some of the data have been shared with other researchers or published, it may not be possible to remove this part of the data.

Data Sharing with Other Investigators:
Study data may also be made available to scientific journals, their reviewers, other researchers inside or outside of Unity Health Toronto, or the public. As a reminder, study data is information that is generated by or collected for a study that has been stripped of personally identifying information.

Additionally, other researchers can submit requests to the study team (specifically, the Nominated Principal Investigator [NPI]) to access the de-identified, anonymized data upon publication submission as per Tri-Council requirements and in keeping with the joint statement on data sharing during public health emergencies.

Study Results
You will receive your individual dried blood spot sample results (if antibodies were present or not) as soon as they are made available. Once the full study is complete, the study results may be shared through a variety of channels. If you are interested in obtaining the results of the study, you can contact the investigators or research team. We estimate that the results of the study will be available in September 2022.

Potential Costs and Reimbursement
There are no costs to you for participation in this study. You will not be paid for your participation in this study.

Compensation for Injury
It is very unlikely that you will suffer a physical injury as a direct result of the procedures (finger prick dried blood spot collection); however, in the even that there is an injury, medical care may be obtained by you in the same manner as you would ordinarily obtain any other medical treatment. In no way does signing this form

waive your legal rights nor relieve the investigator, sponsors or involved institutions from their legal and professional responsibility.

New Information about the Research Study
We may make changes to the study as it progresses. We may also learn new things about the study that you may need to know. Some of the new information or changes might affect your decision to continue taking part in the study. You will be notified about any new or changed information in a timely manner and we will ask you if you consent to remain in the study. You may be asked to sign a new consent form at that time.

Research Ethics Board Contact
If you have any questions regarding your rights as a research participant, you may contact the Unity Health Toronto Research Ethics Board Office at 416-864-6060 ext. 42557 during business hours (9:00am to 5:00pm).

Study Contacts
If at any time during the study you have questions about the study or the research activities, you should contact the Principal Investigator, Sharon E. Straus at (416) 864-3068 or Sharon.Straus@unityhealth.to.

This letter of information and study protocol has been reviewed by the Research Ethics Board at Unity Health Toronto. The Research Ethics Board may need to review the study records for monitoring purposes. As part of this review, someone may contact you from the Research Ethics Board to discuss your experience during this study.

Documentation of Informed Consent – Hard Copy Consent Process

Research Study Title: Wellness Hub: Understanding COVID-19 Transmission through Implementing and Evaluating an Intervention to Support Wellness, IPAC, Vaccine Uptake, and other Wraparound Care Needs in LTCH/RHs.

Participant Statement of Consent

Are you a substitute decision maker (SDM) providing consent on behalf of a resident?

☐	Yes, I am a SDM providing consent on behalf of a resident If yes, please enter the resident's full name: _____**(FIRST)** _____ **(LAST)**
☐	No, I am a resident providing consent for myself

By signing this consent form, I acknowledge that:

- This research study has been explained to me, and my questions have been answered to my satisfaction.
- I have been informed of the alternatives to participation in this study.
- I know that I have the right not to participate and the right to withdraw from this study without affecting the medical care received, employment at, or other relationship with Unity Health Toronto now or in the future for me or my family.
- The potential risks and benefits (if any) of participating in this research study have been explained to me.
- I have been told that I have not waived my legal rights nor released the investigator, St. Michael's Hospital, Unity Health Toronto, or involved institutions from their legal and professional responsibilities.
- I know that I may ask, now or in the future, any questions I have about this study.
- I have been told that information about me and my participation in this study will be kept confidential and that no personally identifying information will be disclosed without my permission unless required by law.
- I have engaged a witness or interpreter if I needed assistance in translation and/or otherwise understanding the contents of this consent form.
- I have been given sufficient time to read the information in this consent form.
- I can receive a copy of this consent form if I would like.

Please confirm if you/the resident that you are an SDM for meet the inclusion criteria for participation in this study (check all boxes that are true):

☐ I confirm that I/ the resident that I am an SDM for do/does not identify as Indigenous (see above for rationale).

☐ I confirm that I/the resident that I am an SDM for am/is 18 years old or above.

☐ I confirm that I/the resident that I am an SDM for speak/speaks English and/or French.

Please provide your contact information so that the Wellness Hub team can contact you about study-related activities:

Participant Contact Information for Wellness Hub Study
For SDMs, please include your contact information, not the resident's.

Phone Number	**(___ ___ ___) ___ ___ ___ - ____ ___ ___ ___**
Email Address *(Optional)*	_____ @ _____ . _____ *Please note the security of email messages is not guaranteed and should not be used to discuss information you think is sensitive. Messages may be forged, forwarded, kept indefinitely, or seen by others using the internet. Providing your email address here is optional and means that you consent to having the research team contact you by email.*
Mailing Address *(Optional)*	Street Address Line 1 (I.e., Street Number and Name): _____ Street Address Line 2 (I.e., Unit Number): _____ City, Province, Postal Code: _____, _____, ___ ___ ____ ___ ___ ___

I consent to participate (or have the resident I am an SDM for participate) in the following aspects of the study:

Please note that participation in the demographic questionnaire and the dried blood spot sample is required to be eligible to participate in the other study components.

☐ Completing a demographic questionnaire (if applicable: at baseline and at a follow-up time point)

☐ Providing dried blood spot sample (if applicable: at baseline and at a follow-up time point)

☐ *(If yes)* Receiving relevant results from the dried blood spot sample

If yes to receiving relevant results from the dried blood spot sample:

☐ **YES** ☐ **NO**	**Do you consent to receive your/their dried blood spot results via email** *Please note: The security of email messages is not guaranteed and should not be used to discuss information you think is sensitive. Messages may be forged, forwarded, kept indefinitely, or seen by others using the internet. Because of these possible risks, we need your permission if this is your preferred method to receive these results.* ***If yes, please ensure email address is included in Participant Contact Information table above.***

If no to email: Please select how you would like to receive your/their dried blood spot results:	
☐ **YES** ☐ **NO**	**By phone** ***If yes, please ensure phone number is included in Participant Contact Information table above.***
☐ **YES** ☐ **NO**	**By mail** ***If yes, please ensure mailing address is included in Participant Contact Information table above.***

Additional study components if you consent to completing (or having the resident I am an SDM for complete) the demographic questionnaire and the dried blood spot:

☐ Linking my/their OHIP card to my/their study data

☐ Including my/their data as part of aggregate-level data reports to my/their LTCH/RH

☐ Having my/my and/or their personal health information (i.e., name and contact information), as well as COVID-19 exposure status and diagnostic status (e.g., positive test results) transferred securely to Sinai Health who may contact me/ me and/or them to invite me/them to participate in additional studies about correlates of protection against COVID-19

[Can omit for residents who have a substitute decision maker, as flagged by the LTCH/RH]

Participant name (print)	**Participant signature**	**Date**	**Time**

[Insert for residents who have a substitute decision maker, as flagged by the LTCH/RH]

Name of substitute decision maker (print)	**Substitute decision maker signature**	**Date**	**Time**

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OHIP Linkage

If you consented to linking your/their study data to your/their OHIP number, please insert your/the resident you are an SDM for's OHIP card information here:

Name as on OHIP Card: _____ **(FIRST)** _____ **(MIDDLE)** _____ **(LAST)**
OHIP Number: ___ ___ ___ ___ **-** ___ ___ ___ **-** ___ ___ ___ **(10 numbers)**
Version Code: ___ ___ **(Two letters)**
Expiry Date: ___ ___ ___ ___ **(YEAR)** - ___ ____ **(MM)** - ____ ___ **(DAY)**

Consent to be Contacted in the Future for Research Purposes
(i.e., Additional research studies outside of the scope of this study)

We would also like to ask that you consider providing consent to be contacted about future research studies. The information that you should consider before agreeing to this is outlined below. You may be contacted by the Knowledge Translation Program (KTP) research team or study principal investigators for research opportunities over the next 5 years. These studies may be follow-ups to the current study or studies to understand experiences with COVID-19.

If you would like to consent to future contact, we will store your name and contact information on a secure server at St. Michael's Hospital, Unity Health Toronto. You may choose to be contacted by telephone, email address, and/or mail. You are not obligated to participate in any research studies that you are contacted about.

If you no longer want to be contacted about future research studies, please contact Dr. Christine Fahim by email at Christine.Fahim@unityhealth.to or phone at (416) 360-4000 ext. 77300.

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Statement of Consent to be Contacted in the Future for Research Purposes

☐ **YES** ☐ **NO**	I agree to be contacted by **email.** ***If yes, please ensure email address is included in Participant Contact Information table above.*** **Please note that email is not secure. Emails can be intercepted, viewed, changed or saved by others.*
☐ **YES** ☐ **NO**	I agree to be contacted by **mail.** ***If yes, please ensure mailing address is included in Participant Contact Information table above.***
☐ **YES** ☐ **NO**	I agree to be contacted by **phone.** ***If yes, please ensure phone number is included in Participant Contact Information table above.***
☐ **YES** ☐ **NO**	I agree that the research team can **leave a voicemail or message** if I do not answer the telephone.

I have read the above information, and I agree to be contacted for future research as indicated above.

[Can omit for residents who have a substitute decision maker, as flagged by the LTCH/RH]

Participant name (print)	**Participant signature**	**Date**	**Time**

[Insert for residents who have a substitute decision maker, as flagged by the LTCH/RH]

Name of substitute decision maker (print)	**Substitute decision maker signature**	**Date**	**Time**