



CONSENT TO CONTACT BY TELEPHONE FOR FUTURE CLINICAL TRIALS

If you do not object, your personal information will be kept on file at the Skin Care Centre Clinical Trials Unit. Your contact information (telephone, fax, e-mail, address and skin disease area of interest) will be maintained in an electronic file located on the ground floor of 835 West 10th Avenue in double-locked offices (computer cardlock entry system plus keys required to gain access), all computers are also password protected and only authorized personnel of the Clinical Trials Unit will be able to access this file.

If you are interested in having one of our study coordinators contact you by telephone to advise you of new and upcoming clinical trials that may be of interest to you, please fill out the requested information below. Your signature authorizes the study coordinators from the Clinical Trials Unit to contact you by telephone to discuss the nature and procedures involved in the new project. If you are still interested after receiving the additional information, we will e-mail or mail to you a Subject Information and Informed Consent Form. After you carefully review this document and all of your questions are answered to your satisfaction by the study coordinators, we can arrange a meeting at your convenience to review the Subject Information and Informed Consent Form.

Your participation is entirely voluntary, so it is up to you to decide whether or not to participate in this electronic file. If you wish to participate, you will be asked to sign this form. You are still free to withdraw any time without giving any reasons for your decision. If you decide not to participate or to withdraw in the future, you will not lose the benefit of any medical care to which you are entitled or are presently receiving.

I have read this consent form and I understand the contents. I voluntarily agree to be contacted by telephone by the study coordinators at the Skin Care Centre's Clinical Trials Unit regarding new and upcoming clinical trials for the condition(s) that I have listed below.

Once completed please fax back to (604) 875-4108.

Please list the skin condition(s) that you have and the area(s) of the body it is located on (i.e. scalp or body psoriasis, hand eczema, body eczema, acne, rosacea, hair loss, wound healing, actinic keratosis, etc.).

Signature of SUBJECT

Printed Name of SUBJECT

____/____/____
day month year

Telephone Number of SUBJECT: () _____ Email: _____

Address: _____
