

[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 on behalf of your child. Please read the consent form over carefully, and if you wish to continue participating in the study, sign and date it, and return the original consent form in the postage-paid envelope enclosed. Please keep the other copy for yourself.

[Please also find 2 copies of the current written assent form. Please read this form as well. If you think your child could read and understand this form, please contact me and I will review this form with you and your child. At that time, if your child agrees to continue participating in the study, have your child sign and date it, and return the original assent form as well in the postage-paid envelope enclosed. Please keep the other copy for yourself/your child. – *insert this paragraph, if applicable*]

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]

*[insert title: Clinical Research Project Assistant/Coordinator, or
Clinical Research Nurse Coordinator]*

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

CHSS e-mail: chss.dc@sickkids.ca