

*[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. 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.

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](mailto:chss.dc@sickkids.ca)