

Apply label or fill in

First Name _____

Last Name _____

Date of Birth _____

PHN _____

Zeidler Leducor Centre, 8540 112 Street NW
Edmonton, Alberta, T6G 2X8, Canada

Consent To Review Your Medical Chart And Contact You

Dear Patient,

Your doctor contributes to medical research as part of their job. Medical research at the University of Alberta and Alberta Health Services is vital to advancing your health care and requires your participation.

In order to know if you fit the criteria to participate in a medical research study, we may have to look at your medical chart.

By signing the consent form (*on the back*) you will allow your doctor or his/her delegate permission to screen your medical chart to see if you are eligible for a particular research study.

If you are found to be a good candidate for any study, and your doctor also agrees, you may be contacted and provided further information about the research study.

At that point, you can decide if you would like to participate, or not.

You will not be enrolled in the study until you provide your approval.

Thank you,

The Doctors and Nurses of the Division of Gastroenterology

University of Alberta Hospital
Daniel C Baumgart, MD, PhD (Division Director)
Levinus A Dieleman, MD PhD
Brendan Halloran, MD
Dina H J Kao, MD MSc
Karen I Kroeker, MD MSc
Adriana Lazarescu, MD
Mahmod Mohamed, MBBS
Jan-Erik Nilsson, MD
Farhad Peerani, MD
Gurpal S Sandha, MBBS
Richard Sultanian, MD MSc
Sander Veldhuyzen van Zanten, MD MSc PhD
Karen Wong, MD
Sergio Zepeda-Gomez, MD
Hepatology
Vincent G Bain, MD
Juan Gonzalez- Abraldes, MD
Klaus S Gutfreund, MD
Constantine J Karvellas, MD MSc
Mang M Ma, MD (Site Chief)
Andrew L Mason, MBBS
Aldo Montano-Loza, MD
Puneeta Tandon, MD
Malcolm Wells, MD
Winnie W S Wong, MD MSc
Rahima Bhanji, MD
Public Health / Basic Science
Karen J Goodman, PhD
Karen Madsen, PhD

Royal Alexandra Hospital
Lana Bistriz, MD (Site Chief)
James P Ferguson, MD
Leah M Gramlich, MD
Jennifer Jin, MD
Melissa Johnson, MD
Greg Lutzak, MD
Kata Matic, MD
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Amy Morse, MD
Daniel C Sadowski, MD
Dennis N Todoruk, MD
Shawn Wasilenko, MD PhD
Clarence K W Wong, MD
Hepatology
Robert J Bailey, MD
Marilyn Zeman, MD

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Grey Nuns Hospital
Anand Bala, MD
Stephen Ip, MD
Shaalan Siffledeen, MD MSc (Site Chief)
Connie M Switzer, MD
Hepatology
Vijey Selvarajah, MD

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Consent To Review Your Medical Chart And Contact You

This consent form is not to enroll you in any research study.

This consent is to provide a research coordinator who works with your doctor permission to review your medical chart in order to identify if you are a good candidate for a research study. If you are found to be a good candidate, you will be contacted regarding the possibility of participating.

You will not be enrolled in the study until you provide your approval.

If you do not agree to allow someone to review your chart it will in no way affect your ongoing care at the clinic.

This consent can be revoked at any time by contacting your gastroenterologist/ hepatologist's office.

Thank you.

The Doctors and Nurses of the Division of Gastroenterology

Please mark your preferred answer below with an 'x' in the appropriate box:

Yes, I do consent to my medical chart being reviewed by a research coordinator for my potential participation in a research study.

No, I do not consent to my medical chart being reviewed by a research coordinator for my potential participation in a research study.

 Signature – Patient
 (electronic signature acceptable)

 Printed – Patient Name

Date: _____

(For clinic use only) Initial _____

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