

Study Title:
Ontario Biologics Research Initiative:
Safety and Effectiveness Study

Consent Form to Release my Personal Information for Study Purposes

I consent to let my rheumatologist forward my name and telephone number to the study coordinator at the University Health Network. A study interviewer will call and review the study consent form provided to me and answer any questions that I may have. If my rheumatologist has referred me to an Arthritis Society physical or occupational therapist and I agree to participate, I will be contacted by The Arthritis Society, Arthritis Rehabilitation and Education Program to be assessed and followed throughout the course of the study.

By signing this consent form I have not agreed to participate in this study. Only until I speak to the study interviewer and all my questions have been answered to my satisfaction, will I provide my informed consent to participate. The examination completed today by my rheumatologist, as a routine part of this visit, may be used as my baseline data if I agree to participate in the study. If I do not agree to participate in the study no one will have access to this information except for my rheumatologist.

I have received a copy of this consent form for my personal records.

Patient Name

Patient Signature

Date

Investigator Name

Investigator Signature

Date