**Consent Form-Addendum Template**

Study Title:

Principal Investigator Name:

Contact details:

Due to the recent COVID-19 outbreak we are proposing to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*insert protocol changes*)

We will now be using a videoconferencing tool \_\_\_\_\_\_\_\_(*enter program name. e.g., Skype*) to complete\_\_\_\_\_\_\_(*enter study assessments/procedures*).

The videoconferencing company \_\_\_\_\_\_\_(*enter program name*) is located in the \_\_\_\_\_\_\_\_(*enter country*). Any study related videos, sent outside of Canadian borders may increase the risk of disclosure of information because the laws in those countries, dealing with protection of information may not be as strict as in Canada.

By signing this consent form, you are consenting to the use of \_\_\_\_\_\_\_\_(*enter program name*) to complete \_\_\_\_\_\_\_\_\_\_\_(*enter study assessments/procedures*).

I will receive a signed and dated copy of this consent form for my own records.

Participant’s Signature Printed name Date

Legally Authorized Representative’s Printed name Date

Signature (if applicable)

Signature of Person Printed name Study Role Date

Obtaining Consent