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ST. MICHAEL'S HOSPITAL
A teaching hospital affiliated with the University of Toronto

CONSENT TO BE INCLUDED IN ST. MICHAEL'S HOSPITAL HEPATOPULMONARY SYNDROME DATABASE

You are invited to place your name in the St. Michael's Hospital HPS Database.

What is the HPS Database?

It is a list of patients who have been assessed for hepatopulmonary syndrome (HPS) at St. Michael's Hospital.

What is the Purpose of this Database?

The doctors at St. Michael's Hospital are involved in research studies in HPS. The purpose of the HPS database is to allow doctors to select potential candidates for studies and to collect information to better understand this disease. The database is confidential and will only be used by the doctors at St. Michael's Hospital and their research staff. Your information will not be given to any other doctors, drug companies, government agencies, or insurance companies.

What are my obligations?

There are no obligations. You are being asked for your permission to be included in the HPS database and to be contacted in the future for research studies. You would be allowing us access to information in your doctor's clinical notes, such as demographics, age, sex, occupation, past medical history, family history, clinical history, physical exam observations and results of any of your investigations.

What if I do not want to be in the HPS Database?

You simply tell your doctor that you do not want to be included and do not sign.
If you want to withdraw your information from the database at any time – you may call Dr. Gupta at 416-864-6026.

Research Ethics Board Contact:

If you have any questions as a research participant, you may want to contact Dr. Julie Spence, Chair, St. Michael's Hospital Research Ethics Board at 416-864-6060 Ext 2557.

I give my permission to be included in the HPS database. I understand that I may be contacted by the research staff at St. Michael's Hospital with a request to participate in a research study, and that I may accept or decline such request without any effect on my care at St. Michael's Hospital.

Name of participant

Signature and date

Name and position of person conducting consent

Signature and date