

ATTACH PERSONAL CODE



You will need this code to access your results online.

www.abcstudy.ca

Please do not share this code with anyone. Contact: 1-833-837-8222 (1-833-TEST-ABC)

AbCstudy@unityhealth.to

## **Consent Form**

Study Title: Action to Beat Coronavi	rus (Ab-C) Study	
Name of Participant:		
I know that I have the right not to medical care received, employmed The potential risks and benefits (I have been told that I have not volegal and professional responsibile I know that I may ask, now or in the personally identifying information personally identifying information I give permission for long-term strong incapacity or death).  I understand that I will not be provined and that the antibody result authorize the Ab-C study team to a provide during my use of health senfuture health-related databases.  Please provide Provincial health insumor I do not wish to grant access to make the provided you like your antibody result	p participate and the right to withdrent at, or other relationship with Unif any) of participating in this resear vaived my legal rights nor released the future, any questions I have about me and my participation in the number of about me and my participation in the number of my biological same ovided any results (except for the argults are not yet considered definitive per and dated copy of this consent occess the demographic and health invices in Canada and to access any other provincial health insurance numbers, once tested, to be shared with your provincial health insurance numbers, once tested, to be shared with your provincial health insurance numbers, once tested, to be shared with your provincial health insurance numbers, once tested, to be shared with your provincial health insurance numbers, once tested, to be shared with your provincial health insurance numbers, once tested, to be shared with your provincial health insurance numbers.	this study will be kept confidential and that no hission unless required by law. ples for health-related research purposes (even after ntibody results if I indicate this choice below). I we. form.  Information I have provided or may in the future ther information about me found in both current and were (enter your initials please here)  UP:
Yes I would like the results sent to the sent to t	o me by secure email. Print email a	iddress:
I consent to participate in this study		
Print your name here	Participant signature	Date
CUT OR TEAR AT THE DASHED LINE. KEEP THIS PERSONAL CODE IN A SA		