

Apply label or fill in
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Date of Birth _____
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 Constantine J Karvellas, MD  
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 Puneeta Tandon, MD  
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**Nurse Practitioners**

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 Melissa Harriott, NP  
 Kimberly Newnham, NP

**BASIC SCIENTIST/RESEARCH**

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- Karen J Goodman, PhD  
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- Lana Bistriz, MD  
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**HEPATOLOGY**

- Robert J Bailey, MD  
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**SITE CHIEF**

**GREY NUNS**

- Anand Bala, MD  
 Vijey Selvarajah, MD  
 Jesse Siffedeen, MD  
**SITE CHIEF**

- Connie M Switzer, MD

**STURGEON**

- Naseem Hoque, MD

## 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 (electronic signature acceptable)

\_\_\_\_\_  
 Printed Name and Date

(For office use only) Entered into eClinician Initial \_\_\_\_\_

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**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**