CHANGE HIV: Correlates of Healthy Aging in Geriatric HIV Study

PARTICIPANT INFORMED CONSENT FORM

ADDENDUM 1 TO INFORMED CONSENT: OPTIONAL COLLECTION OF PARTIAL POSTAL CODE

Principal Investigator: **Dr. Silvia Guillemi** **604-806-8415**

Co-Investigators:

Dr. Marianne Harris

24 hour telephone number **604-682-2344**
(ask for the Infectious Diseases Physician on call)

INTRODUCTION

Before beginning this research study, you signed a Consent Form for the above referenced study. We now would like to collect some new information from you in addition to that described in the main informed consent form. Please request a copy of the original signed consent form if you need to review it. Take your time in reading this form and, if needed, reread the original signed consent form carefully. Please make sure all your questions have been answered to your satisfaction before signing this document.

NEW INFORMATION

We would like to collect the first 3 characters (letter-number -letter) of postal codes of study participants to further help us describe healthy aging among people living with HIV in Canada according to the geographic area in which they live.

Some studies have shown that place of residence may be related to social status (the way an individual interacts with friends and family), economic status (income and finances), and quality of life. These factors also help to determine a healthy aging score which is one of the main objectives of this study.

This additional component of the study (collecting your partial postal code) is optional, and you may decide not to agree to provide this new information and still continue to

participate in the main study. All other information presented in the consent form you signed still remains relevant to this study.

WHO CAN YOU CONTACT IF YOU HAVE QUESTIONS?

If you have any questions during the Study, or if you experience any side effect or research related injury, please contact Dr. Silvia Guillemi at 604-806-8415 during the day and the Infectious Diseases Physician on call at 604-682-2344 after hours.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the University of British Columbia Office of Research Ethics by e-mail at RSIL@ors.ubc.ca or by phone at 604-822-8598 (Toll Free: 1-877-822-8598). Please reference the study number H19-00508 when calling so the Complaint Line staff can better assist you.

Note: Please keep a copy of this Consent Form for your information throughout the Study. Once you have signed the Consent Form, your Study Doctor will give you a copy for your own reference.

PARTICIPANT CONSENT AND SIGNATURE PAGE
ADDENDUM 1 TO INFORMED CONSENT: OPTIONAL COLLECTION OF PARTIAL POSTAL CODE

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My signature on this consent form means:

- I have read and understood the information in this consent form.
- I have had enough time to think about the information provided.
- I have been able to ask for advice if needed.
- I have been able to ask questions and have had satisfactory responses to my questions.
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific purposes.
- I understand that my participation in this study is voluntary.
- I understand that I am completely free at any time to refuse to participate or to withdraw from this study at any time, and that this will not change the quality of care that I receive.
- I understand that I am not waiving any of my legal rights as a result of signing this consent form.
- I understand that there is no guarantee that this study will provide any benefits to me.

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

I consent to participate in this study.

Signature of Participant	Name (please print)	Date
Signature of Person Conducting Informed Consent Discussion	Name and Title (please print)	Date
Signature of Principal Investigator / Co-investigator	Name (please print)	Date