

**Written consent for sentinels related to the Sentinel Practitioner Surveillance Network (SPSN)**

I,  agree to being contacted by the Ontario Vaccine Effectiveness program coordinator and to participating in the SPSN for the 2019-2020 season.  
(Please print name)

I understand that, in providing my contact information below, I may, at any time, decline further study-related contact or withdraw the participation of my practice from this network without penalty.

It is agreed that my practice and patient contact information will remain confidential without any personal identifying information being shared and will only be used for the purpose of communicating laboratory results, updating on SPSN progress or completing other network-related purpose.

Please print your full name:	<input type="text"/>
Complete mailing address:	<input type="text"/>
Office phone number:	<input type="text"/>
Fax number:	<input type="text"/>
Email address:	<input type="text"/>
Best day/time of the week to be contacted:	<input type="text"/>
Preferred Method of contact /communication:	<input type="checkbox"/> E-mail <input type="checkbox"/> Courier/ Mail <input type="checkbox"/> Phone Other: <input type="text"/>
Signature:	<input type="text"/>
I need more information before consenting:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fax this sheet to Romy Olsha @ 416-596-1799 or email to romy.olsha@oahpp.ca