



# POPLAR Data Platform Consent Form



Title of Project: POPLAR Data Platform  
 Principal Investigator: Dr. Michelle Greiver  
 Contact Information: [dfcm.utopian@utoronto.ca](mailto:dfcm.utopian@utoronto.ca) or 416-978-7017

Please complete the following (check Yes or No) Yes    No

Do you understand that you have been asked to contribute EMR data to the POPLAR Data Platform?

Have you read and received a copy of the attached Letter of Information?

Do you understand the benefits and risks involved in taking part in the POPLAR Data Platform?

Have you had an opportunity to ask questions and discuss this?

Do you understand that you are free to withdraw at any time without having to give a reason and without it affecting you?

Has the issue of confidentiality been explained to you?

Do you understand who will have access to the records of your patients, and what information they are seeking to obtain?

Copies of the final POPLAR Database will be forwarded from the POPLAR Data Platform, with appropriate safeguards and permissions, to the following organizations:

1. The Institute for Clinical Evaluative Sciences (ICES) or other prescribed entity
2. The Canadian Primary Care Sentinel Surveillance Network (CPCSSN)
3. Diabetes Action Canada (DAC)

If you **do not** agree to have copies forwarded, please indicate:

I do not agree to have a copy of data for my practice forwarded to ICES or other prescribed entity

I do not agree to have a copy of data for my practice forwarded to CPCSSN

I do not agree to have a copy of data for my practice forwarded to DAC

**I agree to take part in this study:**             **YES**             **NO**

**Name:** \_\_\_\_\_ **Email\*:** \_\_\_\_\_

**Signature of Research Subject:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

\* Provider email is collected for communication and in order to return individual feedback reports. These reports are confidential and will be sent directly to the participating physician.