



By agreeing to participate in the Lung Cancer Screening Project, you authorize those coordinating the project as well as various health professionals and the project's evaluators (Institut national de santé publique du Québec (INSPQ) and Institut national d'excellence en santé et en services sociaux (INESSS)) to access your personal information.

More specifically:

1. You authorize the health professionals who perform, analyze, and follow up on your screening and investigative examinations to access:

- Your first and last name and contact information (phone number, email, and address)
- Your health insurance number
- Clinical information about you collected as a participant in the Lung Cancer Screening Project, including:
 - All tests performed since you began participating, such as low-dose computed tomography scans (or CTs) and investigative tests
 - Results of your tests, clinical data collected by a healthcare professional or institution, diagnoses, and treatment received, both before and after your examination
 - Information about your smoking status and any smoking cessation support services you receive
- Clinical information about you collected prior to your participation in the screening project, including:
 - Symptoms if any and other additional information to assess your risk of developing lung cancer, such as your tobacco use
 - Results of your previous imaging tests that may help interpret your screening exam
- Contact information for the physician or nurse practitioner who is doing your follow-up care

Why?

- So that you can receive reminders to have a low-dose CT scan if necessary
- So that you can receive the letter with your screening test results, details, recommendations, and any required follow-up
- To ensure that the Lung Cancer Screening Project has a healthcare professional follow up with you if further testing is recommended
- To allow the healthcare professionals who do your tests to ensure they provide quality care

2. You authorize those responsible for evaluating the screening project (INESSS and INSPQ) to access:

- The information described in point 1
- Information about your emergency room visits, if any (dates and causes)
- Information about treatment received in connection with detected lung cancer, if any (date and type of treatment)
- Information in the MSSS and RAMQ clinical and administrative databases on the services that you used in the 5 years before screening and/or use in the 10 years after
- All information related to your death, including the cause of death, in the event of death

Why?

- To evaluate and improve lung cancer screening—that is why the data will be kept for as long as lung cancer screening is ongoing and the data needs to be kept.
- To provide those identified in **point 1** with the information they need to perform their work.

Please note that the screening project will be evaluated anonymously.

What happens if I refuse to participate in the Lung Cancer Screening Project?

- If you decline to participate in the project, the following information about you will still be kept on file and the data needs to be kept:
 - Your postal code
 - Your health insurance number
 - Your first and last names
 - The date of your refusal
 - The healthcare facility to which you indicated your refusal
- Results of your tests, clinical data collected by a healthcare professional or institution, diagnoses, and treatment received, both before and after your examination

Why?

- To stop all Lung Cancer Screening Project activities involving you, and to ensure that no further reminder letters are sent to you
- To calculate the project's refusal rate by region

Consent to participate in the Lung Cancer Screening Project

Last name:	First name:
Address:	
City:	Postal code:
Phone number:	Health insurance number:

Your decision

To make an informed decision about whether to participate in the Lung Cancer Screening Project, please ensure that you have received all the information and explanations you need to understand the project. I declare that a healthcare professional has provided me with the information and explanations I need in order to understand this decision. I also acknowledge that I have read and understood the leaflet and the form. I understand that my participation is voluntary and that I am free to agree or to refuse to participate in the Lung Cancer Screening Project.

Check the option that applies:

- I expressly agree to participate in the Lung Cancer Screening Project.
- I expressly refuse to participate in the Lung Cancer Screening Project.

In case of incapacity:

Signature and title of authorized person (or agent, guardian, curator, or in their absence, spouse, or in the absence of such or impediment, next of kin, person who demonstrates a special interest in the participant)

Participant's signature: _____ Date: _____

Signature of the authorized person: _____ Date: _____

Title: _____

Signature of the nurse who obtains the verbal consent: _____ Date: _____

Note: This form will be retained by the Lung Cancer Screening Project as confirmation of your decision.