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**I am interested in participating in, or learning about, NB Social Pediatrics’ research.**

A list of study topics and ways that families can participate in the research process are listed below. Please check any that are of interest to you.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Research Topics** |  | **Role** |
|  | Prenatal Factors in Autism\* |  | Research participant |
|  |  |  |  |
|  | Behaviour and Attention Issues |  | Patient Representative |
|  |  |  |  |
|  | Maternal Substance-Use Disorder\* |  | Advisory Committee Member |

Please note: completing this form gives the Research Team permission to contact you, only. You are not obligated to participate in any research.

**Contact Info:**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Phone: |  | |
| Best time to reach me: | |  |

**Not taking part in our study does not impact your appointment or treatment with us.**

**Thank you for your interest and consideration**