



Heart and Stroke Foundation of Canada  
CIHR Institute of Circulatory and Respiratory Health

## Monitoring and Optimizing CPR 2010 Applicant Consent Form

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**Important Note:** *Applicants must complete and sign this consent form and attach it to their application.*

Name (print): \_\_\_\_\_

Institution: \_\_\_\_\_

- I give permission to the Heart and Stroke Foundation of Canada to forward a copy of my complete application to the Canadian Institutes of Health Research to be used for record-keeping and statistical purposes only.
- I give permission to allow administrative staff from the Canadian Institutes of Health Research to observe the peer review process undertaken by the Heart and Stroke Foundation of Canada.

**Please note: the Heart and Stroke Foundation of Canada and the Canadian Institutes of Health Research will not retain or claim any ownership of intellectual property developed under this funding initiative.**

Signature of  
Principal  
Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**If you have any questions, please contact:**

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