



The PFAS Health Study¹ Participants' Consent Form

**Complete this consent if you AGREE to receive your child's additional results for the biomarker testing for the Blood Serum Study of the PFAS Health Study.
You can say NO by not completing and not signing this consent form.**

I give my consent to have my child's results from the PFAS Health Study Blood Serum Study (the Study) sent to me for the additional blood chemicals tested on my child's stored blood sample that show how well their liver and thyroid are working.

I have reviewed the Study Participant Information Sheet provided by ANU and I understand the scope of this Study and the purpose for which my child's blood sample will be used. I understand the risks involved as described in the Participant Information Sheet.

I am participating in this project on the understanding that:

- The information I provide will be kept confidential and not be used or released in any way that can identify my child;
- The blood test results will be used for the purpose of the Study and the ANU is not responsible for providing medical treatment/advice;
- I will have access to reports on the progress of the Study and to a copy of its final report, including paper copy if I request it; and
- I am free to withdraw my child from the study at any time by contacting the researchers in writing or by telephone.

I understand that:

- If I agree, the researchers will send me my child's blood test results reporting on my child's levels of blood chemicals that show how well their liver and thyroid are working, and inform me if these results are abnormal;
- The researchers will not give me a medical interpretation of my child's blood test results;
- It is my responsibility to seek further medical advice of my child's blood test results, if necessary. Any costs associated with obtaining or acting on this advice will be my responsibility;
- If I do not agree to the researchers sending me my child's blood test results, they will not do so and will not inform me if any of the results are outside the normal range.

¹ Official Project Title: The Per- and Polyfluoroalkyl Substances (PFAS) Health Study: Blood Serum Study

Please indicate if you **do** want to receive a copy of your child's results and whether you **are** or **are not** willing for your child's results to be sent to their doctor. You do not have to agree to this. If you agree, the Study team will send the results to the doctor you previously provided details for in the PFAS Health Study.


I **agree** to have my child's results sent to me and **agree** to have my child's results sent to their doctor **OR**

I **agree** to have my child's results sent me and **do not agree** to have my child's results sent to their doctor

I have been given access to an online copy of the participant information sheet and consent form.

_____ Initials

My child's contact details or their doctor's details have changed since I completed the PFAS Health Study Cross-sectional Survey. If you tick this box a member of the PFAS Health Study team will contact you to update the details.



Signature of Principal Investigator

Professor Martyn Kirk

Concerns or complaints to:

The ethical aspects of this research have been approved by the Australian National University Human Research Ethics Committee, and the Northern Territory Department of Health and Menzies School of Health Research Human Research Ethics Committee, (ANU HREC protocol 2018/651, NTDoH and MSHR protocol 2018-3226). If you have concerns regarding the way this research was conducted please do not hesitate to contact the researchers or the following:

Human Research Ethics Officer The Australian National University T: (02) 6125 3427 E: Human.Ethics.Officer@anu.edu.au	Ethics Administration Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research T: (08) 8946 8600 E: ethics@menzies.edu.au
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