Complete and sign this form if you AGREE to take part in the Cross-sectional Survey and Blood Serum Study parts of the PFAS Health Study. You can say NO by not completing and not signing this form.

I, ________________________________________ give my consent to take part in the Study.

I have had the aims of this research project, how it will be conducted and my role in it explained to me.

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 me;

• 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;

• I am free to withdraw from the study at any time by contacting the researchers in writing or by telephone; and

• The researchers may invite me to participate in further research into PFAS exposure.

I understand that:

• If I provide consent for further tests on my blood sample stored at ANU, the researchers will give me information on the levels of uric acid, creatinine, and blood fats (cholesterol and triglycerides) and alert me if these results are abnormal; they will not give me a medical interpretation of them; and

• It is my responsibility to seek further medical advice. Any costs associated with obtaining or acting on this advice will be my responsibility.

Please indicate here if you are or are not willing to have your blood sample tested for uric acid, creatinine, and blood fats, and to have your results sent to your doctor. You do not have to agree to this.

☐ I agree to have my blood sample tested for uric acid, creatinine and blood fats and agree for my results to be sent to my doctor

☐ I agree to have my blood sample tested for uric acid, creatinine and blood fats and do not agree for my results to be sent to my doctor

☐ I do not agree to have my blood sample tested for uric acid, creatinine and blood fats
Please indicate here if you are or are not willing to have your stored blood used in future PFAS research. You do not have to agree to this use.

- [ ] I agree that my stored blood can be used for future PFAS research
- [ ] I do not agree that my stored blood can be used for any additional research

I have been given a copy of the participant information sheet and consent form to keep.

This is for you to keep
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

Signature of Principal Investigator

*Professor Martyn Kirk*

This is for you to keep