

# The PFAS Health Study<sup>1</sup>

## Participant Consent Form

Complete and sign this form if you AGREE to take part in the Cross-sectional Survey and Blood Serum Study components 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;
- The blood test results will be used for the purpose of the Study and the Australian National University (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 from the study at any time by contacting the researchers in writing or by telephone.

I understand that:

- If I provide consent for further tests on my blood sample stored at ANU, the researchers will send me my blood test results reporting on my levels of uric acid, creatinine, and blood fats (cholesterol and triglycerides) and inform me if these results are abnormal;
- The researchers will not give me a medical interpretation of my blood test results;
- It is my responsibility to seek further medical advice, 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 blood test results, they will not do so and will not inform me if any of the results are abnormal. Some of these tests check kidney function and cholesterol. High cholesterol is a risk factor for heart disease; and
- The researcher's may invite me to participate in further research into PFAS exposure.

<sup>1</sup> Official Project Title: The Per- and Polyfluoroalkyl Substances (PFAS) Health Study: Cross-sectional Survey and Blood Serum Study

**This is for you to keep**

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

- I **agree** to have my blood sample tested for uric acid, creatinine and blood fats **OR**
- 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 results sent to yourself and your doctor. You do not have to agree to this.

- I **agree** to have my results sent to me and **agree** to have my results sent to my doctor—please provide details of your usual doctor in the space below **OR**
- I **agree** to have my results sent to me and **do not agree** to have my results sent to my doctor—do not provide details of your doctor **OR**
- I **do not agree** to have my results sent to me (even if they are abnormal) and **do not agree** to have my results sent to my doctor—do not provide details of your doctor

Please indicate here if you **are** or **are not** willing to have your blood stored at the ANU and used in future PFAS research. You do not have to agree to this use.

- I **agree** that my blood can be stored at the ANU and used for future PFAS research **OR**
- I **do not agree** that my blood can be stored at the ANU and used in future PFAS research

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



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](mailto: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](mailto:Ethics@menzies.edu.au)

**This is for you to keep**