#### Attachment 3

**Assent/Consent/Parental Permission Forms**

**Colorado Smelter EI**

**Attachment 3A**

**Parental Consent Form for Blood Sampling for Lead**

**Children 9 to 72 months of age**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO.**

|  |  |
| --- | --- |
|  |  |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Diseases Control and Prevention (CDC) * We are doing this Exposure Investigation to find out if **children 9 to 72 months** from Pueblo, CO. have high levels of lead in blood * We are inviting your child/ward to have his/her blood tested for lead |

|  |  |
| --- | --- |
| **Location for the testing** | * The blood testing will take place at: **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Test:** * We will collect 3 milliliters (ml) of blood (less than a teaspoon) from a vein in your child/ward’s arm. * This will take 5 minutes or less * **Short questionnaire:** * We will give a short questionnaire, this will take 15 to 20 minutes |

|  |  |
| --- | --- |
| **What will happen with the left over blood?** | * The leftover blood will be discarded and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will receive your child/ward test results by mail 14 to 18 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * You will know if your child/ward has an elevated level of lead in blood * There is **NO COST** to you for the testing of your child/ward |

|  |  |
| --- | --- |
| **What are the Risks from participating in this EI?** | * Some bruising may occur in the location of your child/ward arm where the blood is collected |
|  |  |

|  |  |
| --- | --- |
| **What about Privacy?** | * We will protect your child/ward’s privacy as much as the law allows * We will give your child/ward an identification (ID) number * This ID number, not your child/ward’s name, will go on the blood sample * We will not use your child/ward’s name in any report we write * We will keep a record under locked key, of your child/ward’s name, address and ID number so that we can send you the blood test result. The information will be used by ATSDR scientist to link the results with each individual and send the blood and urine test results to you. |

|  |  |
| --- | --- |
| **When can we Ask Questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call:   **Dr. Lourdes (Luly) Rosales-Guevara at 770-488-0744, or**  **Cell phone: 404-272-8902**   * Or at the ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Parental/Guardian Voluntary Consent** | * I agree to have my child/ward tested for lead in blood * I was given the chance to ask questions on my child/ward behalf and feel my questions were answered * I know that having this test done is our choice * I know that even though we have agreed to this testing, my child/ward may leave it at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I give permission to test my child/ward |

Printed name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian

Age of Child\_\_\_\_\_\_\_\_\_ Gender of Child\_\_\_\_\_\_\_\_\_\_

Address of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other Federal or State Health and Environmental Agencies? YES\_\_\_\_\_\_\_\_\_\_\_\_\_, NO\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Consent Form Administrator:

I have read the consent form to the person name above. He/she has had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person administering consent

**Attachment 3B**

**Parental Consent Form for Blood Sampling for Lead and**

**Urine Sampling for Arsenic**

**In Children 6 to 17 years of age**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Diseases Control and Prevention (CDC) * We are doing this EI to determine if **children 6 to 17 years** of age from Pueblo, CO. have high levels of lead in blood and arsenic in urine * We are inviting your child/ward to have his/her blood tested for lead and urine for arsenic |

|  |  |
| --- | --- |
| **Location for the testing** | * The blood testing will take place at **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Lead Testing:** * We will collect 3 milliliters (ml) of blood (less than a teaspoon) from a vein in your child/ward’s arm * This will take 5 minutes or less * **Urine Arsenic Testing:** * At home: On the day of the testing, help your younger child/ward collect urine in a plastic cup we give you * Put your child/ward’s name **on the label in the side of the cup** * Help your child/ward put the urine cup in a zip lock bag in your refrigerator until you bring it up to St. Mary’s Church in Eilers * It should take 5 minutes or less to help collect your child/ward’s urine sample * **A short questionnaire will be administered:** * This will take 15 to 20 minutes |

|  |  |
| --- | --- |
| **What will happen with the leftover blood and urine?** | * The leftover blood and urine will be discarded and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will get your child/ward’s results by mail 14 to 18 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * You will know if your child/ward has an elevated level of lead in blood and arsenic in urine * There is **NO COST** to you for the testing of your child/ward |

|  |  |
| --- | --- |
| **What are the Risks of this EI?** | * Some bruising may occur in the location of your child/ward arm where the blood is collected * There is no risk from collecting urine |

|  |  |
| --- | --- |
| **Child Assent** | * Your parent/guardian said it is all right for you to have this blood and urine tests * You don’t have to have these tests if you don’t want to |

|  |  |
| --- | --- |
| **What about Privacy?** | * We will protect your child/ward’s privacy as much as the law allows * We will give your child/ward an identification (ID) number * This ID number, not your child/ward’s name, will go on the blood and urine sample * We will not use your child/ward’s name in any report we write * We will keep a record, under locked key, of your child/ward’s name, address and ID number so that we can send you the tests results. The information will be used by ATSDR scientist to link the results with each individual and send the blood and urine test results to you. |

|  |  |
| --- | --- |
| **When can you Ask Questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call:   **Dr. Lourdes Rosales-Guevara at 770-488-0744 or**  **Cell: 404-272-8902**   * Or at ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Parental/**  **Guardian Voluntary Consent** | * I agree to have my child/ward tested * I and my child/ward were given the chance to ask questions and feel our questions have been answered * I know that having these tests done is our choice * I know that even though we have agreed to these testing, my child/ward may leave it at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I give permission for my child/ward to be tested |

Printed name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature/written name of child in child’s handwriting Date

Age of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other federal or state health and

environmental agencies? YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Consent Form Administrator

I have read the consent form to the person named above. He/she has had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person administering consent

**Attachment 3C**

**Assent Form for Blood Sampling for Lead and**

**Urine Sampling for Arsenic**

**In Children 12 to 17 years of age**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR) * We are doing this EI to see if **children from 12 to 17 years** of age from Pueblo, CO. have high levels of lead in blood and arsenic in urine * We are inviting you to have your blood tested for lead and urine for arsenic |

|  |  |
| --- | --- |
| **Location for the testing** | * This testing will take place at **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Lead Testing:** * A 3 ml sample of blood (less than a teaspoon) will be collected from a vein in your arm * This will take 5 minutes * **Urine Arsenic Testing:** * On the day of the test, ask your parents to help you collect urine at home in a plastic cup we gave them * You will put your name **on the label in the side of the cup**   You will put the urine cup in a zip lock bag in your freezer until you bring it up to an ATSDR person at St. Mary’s Church in Eilers   * It should take 5 minutes or less for you to collect your urine sample * **A short questionnaire will be administered:** * This will take 15 to 20 minutes |

|  |  |
| --- | --- |
| **What will happen with the leftover blood and urine?** | * Any leftover blood and urine will be tossed out and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will get your results by mail 12 - 14 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * By being part of this EI, you will find out if you have an elevated level of lead in blood and arsenic in urine * There is **NO COST** to you for the testing |

|  |  |
| --- | --- |
| **What are the Risks of this EI?** | * There may be some black and blue in the bend of your elbow where the blood is collected * There is no risk from collecting urine |

|  |  |
| --- | --- |
| **Child Assent** | * Your parent/guardian said it is all right for you to have this blood and urine tests * You don’t have to have these tests if you don’t want to |

|  |  |
| --- | --- |
| **What about Privacy?** | * We will protect your privacy as much as the law allows * We will give you an identification (ID) number * This number, not your name, will go on the blood and urine sample * We will not use your name in any report we write * We will keep a record, under locked key, of your name, address and ID number so that we can send you the tests results |

|  |  |
| --- | --- |
| **When can you Ask Questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call:   **Dr. Lourdes Rosales-Guevara at 770-488-0744 or**  **Cell: 404-272-8902**   * Or at ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Voluntary Consent** | * I agree to be tested * I have been given the chance to ask questions and feel our questions have been answered * I know that having this tests done is my choice * I know that even though I agreed to these testing, I may leave it at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I agreed to be tested |

Printed name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian

Age of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other federal or state health and

environmental agencies? YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Assent Form Administrator

I have read the assent form to the person named above. He/she has had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person administering the assent

**Attachment 3D**

**Assent Form for Blood Sampling for Lead and**

**Urine Sampling for Arsenic**

**In Children 6 to 11 years old**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR) * We are doing an Exposure Investigation to see if **children from 6 to 11 years** of age from Pueblo, CO. have high levels of lead in blood and arsenic in urine * We are inviting you to have your blood tested for lead and urine for arsenic |

|  |  |
| --- | --- |
| **Location for the testing** | * This testing will take place at **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Lead Testing:** * A bit of blood (less than a teaspoon) will be collected from your arm * This will take 5 minutes * **Urine Arsenic Testing:** * Your parents will help you collect your urine in a cup we gave them * It takes 5 minutes to collect your urine * **We will ask you some questions** for 10 **-** 15 minutes and your parents will be able to help you |

|  |  |
| --- | --- |
| **What will happen with the leftover blood and urine?** | * If there is blood or urine left we will toss it out and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will get your results by mail in 12 - 14 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * By being part of this EI, we will be able to tell your parents if you have a high level of lead in blood and arsenic in urine * There is **NO COST** to you for the testing |

|  |  |
| --- | --- |
| **What are the Risks of this EI?** | * There may be some black and blue in your arm where the blood is collected * There is no risk from collecting urine |

|  |  |
| --- | --- |
| **Child Assent** | * Your parent/guardian said it is all right for you to have this blood and urine tests * You don’t have to have these tests if you don’t want to |

|  |  |
| --- | --- |
| **What about Privacy?** | * We will protect your privacy as much as the law allows * We will give you an identification (ID) number * This number, not your name, will go on the blood and urine sample * We will not use your name in any report we write * We will keep a record, under locked key, of your name, address and ID number so that we can send you the tests results |

|  |  |
| --- | --- |
| **When can you Ask Questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call:   **Dr. Lourdes Rosales-Guevara at 770-488-0744 or**  **Cell: 404-272-8902**   * Or at ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Voluntary Consent** | * I agree to be tested * I have been given the chance to ask questions and feel our questions have been answered * I know that having this tests done is my choice * I know that even though I agreed to these testing, I may leave it at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I agreed to be tested |

Printed name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian

Age of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other federal or state health and

Environmental agencies? YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Assent Form Administrator

I have read the assent form to the person named above. He/she has had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person administering the assent

**Attachment 3E**

**Consent Form for Blood Sampling for Lead and**

**Urine Sampling for Arsenic in**

**Pregnant Women**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Diseases Control and Prevention (CDC) * We are doing this EI to find out if **pregnant women of any age** from Pueblo, CO. have high levels of lead in blood and arsenic in urine * We are inviting you to have your blood tested for lead and urine tested for arsenic |

|  |  |
| --- | --- |
| **Location for the testing** | * The blood testing will take place at **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Lead Testing:** * We will collect 3 milliliters (ml) of blood (less than a teaspoon) from a vein in your arm * This will take 5 minutes or less * **Urine Arsenic Testing:** * You will collect your urine sample in a plastic cup we give you * You will write your name **on the label on the side of the cup** * You will put capped plastic cup in a zip lock bag in the refrigerator until you bring it to t St. Mary’s Church in Eilers * It should take 5 minutes of less for you to collect your urine sample * **Short Questionnaire:** * We will give you a short questionnaire * This should take 15 to 20 minutes |

|  |  |
| --- | --- |
| **What will happen with the left over blood and urine?** | * The leftover blood and urine will be discarded and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will get your test results by mail 14 to 18 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * You will know if you have high level of lead in blood and arsenic in urine * There is **NO COST** to you for the testing |

|  |  |
| --- | --- |
| **What are the Risks of this EI?** | * Some bruising may occur at the location the blood is collected from. There is no risk from collecting urine |
|  |  |

|  |  |
| --- | --- |
| **What about privacy?** | * We will protect your privacy as much as the law allows * We will give you an identification (ID) number * This ID number, not your name, will go on the blood and urine sample * We will not use your name in any report we write * We will keep a record, under locked key, of your name, address and ID number. The information will be used by ATSDR scientist to link the results with each individual and send the blood and urine test results to you. |

|  |  |
| --- | --- |
| **When can we ask questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call: * **Dr. Lourdes Rosales-Guevara at 770-488-0744 or**   **Cell: 404-272-8902**   * Or at the ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Voluntary Consent** | * I agree to be tested * I was given the chance to ask questions and feel my questions were answered * I know that having these tests done is my choice * I know that even though I have agreed to this testing, I may leave at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I give my permission to be tested |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Given Consent Date

Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other federal or state health and

environmental agencies? YES\_\_\_\_\_\_\_\_\_\_\_\_\_, NO\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Consent Form Administrator:

I read the consent form to the person name above. She had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment 3F**

**Consent Form for Blood Sampling for Lead and**

**Urine Sampling for Arsenic in**

**Women of childbearing age**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Diseases Control and Prevention (CDC) * We are doing this EI to find out if **women of childbearing age** from Pueblo, CO. have high levels of lead in blood and arsenic in urine * We are inviting you to have your blood tested for lead and urine tested for arsenic |

|  |  |
| --- | --- |
| **Location for the testing** | * The blood testing will take place at **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Lead Testing:** * We will collect 3 Milliliters (ml) of blood (less than a teaspoon) from a vein in your arm * This will take 5 minutes or less * **Urine Arsenic Testing:** * Collect your urine sample at home in a plastic cup we give you * Put your name **on the label on the side of the cup** * Put the capped plastic cup in a zip lock bag in the refrigerator until you bring it to St. Mary’s Church in Eilers * It should take 5 minutes or less for you to collect your urine sample * **Short questionnaire:** * We will give a short questionnaire, * This should take 15 to 20 minutes |

|  |  |
| --- | --- |
| **What will happen with the left over blood and urine?** | * Any leftover blood and urine will be discarded and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will get your test results by mail 14 - 18 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * You will know if you have high level of lead in blood and arsenic in urine * There is **NO COST** to you for the testing |

|  |  |
| --- | --- |
| **What are the Risks of this EI?** | * There may be some bruising in the location where the blood is collected * There is no risk from collecting urine |
|  |  |

|  |  |
| --- | --- |
| **What about privacy?** | * We will protect your privacy as much as the law allows * We will give you an identification (ID) number * This ID number, not your name, will go on the blood and urine sample * We will not use your name in any report we write * We will keep a record, under locked key, of your name, address and ID number so that we can send you the blood and urine test result. The information will be used by ATSDR scientist to link the results with each individual and send the blood and urine test results to you. |

|  |  |
| --- | --- |
| **When can we ask questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call: * **Dr. Lourdes Rosales-Guevara at 770-488-0744 or**   **Cell: 404-272-8902**   * Or at the ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Voluntary Consent** | * I agree to be tested * I was given the chance to ask questions and feel my questions have been answered * I know that having these tests done is my choice * I know that even though I have agreed to this testing, I may leave it at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I give my permission to be tested |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Given Consent Date

Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other federal or state health and

environmental agencies? YES\_\_\_\_\_\_\_\_\_\_\_\_\_, NO\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Consent Form Administrator:

I have read the consent form to the person name above. She has had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment 3G**

**Parental Consent Form for Blood Sampling for Lead and**

**Urine Sampling for Arsenic in**

**Minor Women of Childbearing Age**

**ATSDR Exposure Investigation (EI)**

**Colorado Smelter, Pueblo, CO**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Who are we and why we are doing this EI?** | * We are from the Agency for Toxic Substances and Disease Registry (ATSDR), Centers for Diseases Control and Prevention (CDC) * We are doing this EI to find out if **women of childbearing age** from Pueblo, CO. have high levels of lead in blood and arsenic in urine * We are inviting you to have your blood tested for lead and urine tested for arsenic |

|  |  |
| --- | --- |
| **Location for the testing** | * The blood testing will take place at **St. Mary’s Church in Eilers** |

|  |  |
| --- | --- |
| **What is involved in this EI?** | * **Blood Lead Testing:** * We will collect 3 milliliters (ml) of blood (less than a teaspoon) from a vein in your arm * This will take 5 minutes or less * **Urine Arsenic Testing:** * You will collect your urine sample at home in a plastic cup we give you * You will put your name **on the label on the side of the cup** * You will put the capped plastic cup in a zip lock bag in the refrigerator until you bring it to St. Mary’s Church in Eilers * It should take 5 minutes of less for you to collect your urine sample * **Short Questionnaire:** * We will give you a short questionnaire * This should take 15 to 20 minutes |

|  |  |
| --- | --- |
| **What will happen with the left over blood?** | * Any leftover blood and urine will be discarded and not used for anything else |

|  |  |
| --- | --- |
| **When will we get the results?** | * You will get your test results by mail 12 - 14 weeks after testing |

|  |  |
| --- | --- |
| **What are the Benefits from being in this EI?** | * You will know if you have high level of lead in blood and arsenic in urine * There is **NO COST** to you for the testing |

|  |  |
| --- | --- |
| **What are the Risks of this EI?** | * There may be some bruising in the location where the blood is collected * There is no risk from collecting urine |
|  |  |

|  |  |
| --- | --- |
| **What about privacy?** | * We will protect your privacy as much as the law allows * We will give you an identification (ID) number * This ID number, not your name, will go on the blood and urine sample * We will not use your name in any report we write * We will keep a record, under locked key, of your name, address and ID number so that we can send you the blood and urine test result. The information will be used by ATSDR scientist to link the results with each individual and send the blood and urine test results to you. |

|  |  |
| --- | --- |
| **When can we ask questions?** | * If you have any questions about this testing, you can ask us now * If you have questions later, you can call: * **Dr. Lourdes Rosales-Guevara at 770-488-0744 or**   **Cell: 404-272-8902**   * Or at the ATSDR **toll free number 1-888-320-5291** |

|  |  |
| --- | --- |
| **Voluntary Consent** | * I agree to be tested * I have been given the chance to ask questions and feel my questions have been answered * I know that having these tests done is my choice * I know that even though I have agreed to this testing, I may leave it at any time without penalty |

|  |  |
| --- | --- |
| **Signature** | I give my permission for my daughter to be tested |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Given Consent Date

Age \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we share this test results with other federal or state health and

environmental agencies? YES\_\_\_\_\_\_\_\_\_\_\_\_\_, NO\_\_\_\_\_\_\_\_\_\_\_\_

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Consent Form Administrator:

I have read the consent form to the person name above. They have had the opportunity to ask questions about the EI and had the questions answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_