

Attachment 3B

Parental Permission Form for Blood Lead and Urine Arsenic Testing and Questionnaire

Children and Youth aged 6 to <18 Years ATSDR Exposure Investigation (EI)

ASARCO Smelter - Hayden/Winkelman, AZ

Who are we?

- We are from a federal public health agency, the Agency for Toxic Substances and Disease Registry (ATSDR), and the Arizona Department of Health Services (ADHS).

Why we are doing this Exposure Investigation?

- We are doing this Exposure Investigation to find out if children living in Hayden or Winkelman, AZ, have high levels of lead in their blood and arsenic in urine.

What do we want you to do?

- Your child is invited to have his/her blood tested for lead and urine tested for arsenic.
- There is **NO COST** to you for the testing of your child.

Place for Blood and Urine Collection

- The blood collection will take place at **XXX**. The urine collection will take place in your home or at **XXX**.

What is included in my child's participation?

There are three parts to your child's participation.

1. Blood Collection and Testing for Lead

- We will collect less than 1 teaspoon (3 milliliters) from a vein of your child's arm.
- This will take 5 minutes or less.
- We will send your child's blood to a lab to test it for lead.

2. Urine Collection and Testing for Arsenic:

- The urine should be collected the day of the blood collection. You can collect the urine at your home or at the blood collection facility.
- Help your child collect his/her urine in a plastic cup we give you. Put the lid on.
- Write your child's name **on the label on the side of the cup**.
- Put the cup in a zip lock bag in the refrigerator until you bring it to **XXX**.
- It should take 5 minutes or less to help collect your child's urine.
- We will send your child's urine to a lab to test it for arsenic.

3. Answer Some Questions:

- During the appointment we will ask your child some questions for 20 min.
- You may help your child answer the questions.

What will happen to any leftover blood and urine after testing is finished?

- The lab will throw out any leftover blood and urine. It will not be used for anything else.

When will you get the test results?

- You will get your child's test results by mail about 12 weeks after testing.

What are the benefits from being in this Exposure Investigation?

- You will know if your child has a high level of lead in blood and arsenic in urine.
- If your child has a high blood lead level, ATSDR and ADHS will provide you with information that can help you reduce your child's contact with lead.

What are the Risks of this EI?

- Some bruising may happen on your child's arm where the blood is taken.
- There may be some pain from the needle stick and they may feel dizzy or lightheaded.
- If your child is pregnant there is no risk to the pregnancy from blood collection.
- There is no risk from collecting urine.

How will we protect your privacy?

- We will protect your and your child's privacy as much as the law allows.
 - Arizona law requires that we report blood lead levels to ADHS.
 - Arizona law requires that information given to the state may be made public if someone asks them for the information.
- We will give your child an identification (ID) number.
 - Your child's ID number, not his/her name, will go on the tube of blood and the urine cup.
 - We will keep a record, under lock-and-key, of your child's name, address and ID number. We will use this information to link your child's results with his/her name so we can send you your child's test results.
- We will not use your or your child's name in any report we write. Only group information that does not include individual names will be reported.

When can you ask questions about the testing?

- If you have any questions about this testing, you can ask us now.
- If you have questions later, you can call:
 - **Dr. Bruce Tierney at 770-488-0771**
 - **The ATSDR toll free number 1-888-320-5291**

Child Assent

- Your child said it is alright to have these blood and urine tests.
- Your child doesn't have to have these tests if you don't want him/her to.

Parental/Guardian Voluntary Permission

- I agree to have my child tested.
- I and my child were given the chance to ask questions. We feel our questions have been answered.
- I know that having these tests done is our choice.
- I know that even though we agreed to this testing, I and my child may leave at any time without penalty.

Signature

I give permission for my child to be tested.

Printed name of child Age of child Sex of child

Signature of parent/guardian Date

Printed name of parent/guardian

Signature or written name of child in child's handwriting Date

Address of Child _____ Telephone _____

May we share the test results with other federal, state, and local health and environmental agencies? YES / NO (please circle one)

Lab ID Number _____

Certification of Permission Form Administrator:
I read the permission form to the person named above. He/she had the opportunity to ask questions about the Exposure Investigation and had the questions answered.

Signature of person administering permission