## Attachment 3C

**Assent Form for Blood Lead and Urine Arsenic Testing and Questionnaire**

**Children and Youth aged 7 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 and youth living in Hayden or Winkelman, AZ have high levels of lead in their blood and arsenic in urine.

**What are we asking you to do?**

* You are invited to have your blood tested for lead and your urine tested for arsenic.
* There is **NO COST** to you or your parents for the testing.

**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 the **XXX.**

**What is part of my participation?**

There are three parts to your participation.

1. **Blood Collection and Testing for Lead**
	* We will take less than 1 teaspoon (3 milliliters) of blood from your arm.
	* This will take 5 minutes or less.
	* We will send your 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.
	* You will collect your urine in a plastic cup we give you. Your parents can help you do this, if you need help.
	* It takes 5 minutes to collect your urine.
	* We will send your urine to a lab to test it for arsenic.
3. **Answer Some Questions**
	* During the appointment we will ask you some questions
	* This will take about 20 minutes.
	* Your parents can help you with the questions, if you want.

**What will happen to any leftover blood and urine?**

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

**When will you get the test results?**

* You will get your test results by mail about 12 weeks after testing.

**What are the benefits from being in this Exposure Investigation?**

* Your parents and you will know if you have a high level of lead in your blood and arsenic in your urine.
* If you have a high blood lead level, ATSDR and ADHS will provide you and your parents with information that can help you reduce your contact with lead.

**What are the Risks of this EI?**

* The needle stick might hurt a little and you may feel a little dizzy for a short time.
* Your arm may get a black and blue mark where the blood is taken.
* If you are pregnant there is no risk to the pregnancy from the blood collection
* There is no risk from collecting urine.

**How will we protect your privacy?**

* We will protect your 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 you an identification (ID) number.
	+ We will use your ID number on the tube of blood and the urine cup.
	+ We will keep a record, under lock-and-key, of your name, address and ID number so we can send the test results to your parents.
* We will not use your name in any report we write. Only group information that does not include your name 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 parent/guardian said it is all right for you to have these blood and urine tests.
* You don’t have to have these tests if you don’t want to.

**Voluntary Assent**

* 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 agree to be tested.

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Printed name of child Age of child Sex of child

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

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Printed name of parent/guardian

Address of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Assent Form Administrator:

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

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Signature of person administering the assent