

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.

Printed name of child

Age of child

Sex of child

Signature or written name of child in child's handwriting

Date

Printed name of parent/guardian

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 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.

Signature of person administering the assent