Attachment 3B: Assent Form for Children and Youth 6 to 17 Years of Age

Flesch-Kincaid Reading level – 4.5

**Assent Form for Blood Lead and Questionnaire**

**Youth 6 years to 17 years of age**

**ATSDR Exposure Investigation (EI)**

**Iola, Kansas**

**Who are we?**

* We are from a federal public health agency, the Agency for Toxic Substances and Disease Registry (ATSDR)

**Who are we working with?**

* + Region 7 Environmental Protection Agency (EPA)
	+ Kansas Department of Health and the Environmental (KDHE)
	+ South Eastern Kansas Multi County Health Department (SEKMCHD) and
	+ Region 7 Pediatric Environmental Health Specialty Unit (PEHSU)

**Why we are doing this Exposure Investigation (EI)?**

* We are doing this EI to find out if children and youth living in the city of Iola, Kansas have high levels of lead in their blood.

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

* You are invited to have your blood tested for lead.
* There is **NO COST** to you or your parents for the testing.
* The blood collection will take place at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**What is included in my participation?**

There are two 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 10 minutes or less.
	+ We will send your blood to a lab to test it for lead.

 **2. 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?**

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

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

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

**What are the benefits from being in this EI?**

* Your parents and you will know if you have a high level of lead in your blood.
* If you have a blood lead level that is 5 µg/dL or higher, ATSDR and Region 7 PEHSU can 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.
* Your arm may get a black and blue mark where the blood is taken.
* You may feel a little dizzy for a short time.

**How will we protect your privacy?**

* We will protect your privacy as much as the law allows. Kansas Department of Health and the Environment (KDHE).
	+ Kansas law requires that information given to the state may be made public if someone asks them for the information but your name and address will not be released.
* We will give you an identification (ID) number.
	+ We will use your ID number on the tube of blood.
	+ 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. Luly Rosales-Guevara at (770) 488-0744 or**
	+ **The Iola Exposure Investigation toll free number (888) 892-1320**

**Child Assent**

* Your parent/guardian said it is all right for you to have the blood test.
* Your parent/guardian said it is all right for you to answer some questions.
* You don’t have to have this test to answer questions if you don’t want to.

**Voluntary Assent**

* I agree to be tested.
* I agree to answer questions.
* I was given the chance to ask questions and feel my questions were answered.
* I know that having this test 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 and to answer questions.

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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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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