

Study ID: \_\_\_\_\_



## The Gomeri Gaaynggal Study

A study of the developmental origins of chronic disease in Aboriginal Australians.

### Pregnancy study consent form

*Please tick all that you consent to:*

- I agree to be a part of the research project. I give my free and willing consent.
- I understand that I can stop at any time. I do not have to give a reason for why I want to stop. I can ask for my information and samples to be destroyed at any time.
- I agree to provide blood samples **on three occasions** for research. Some of these samples may be additional to those collected as part of my normal pregnancy care.
- I agree to provide saliva (spit) samples **on three occasions** for research. All these samples are additional to those collected as part of my normal pregnancy care.
- I agree to provide urine samples **on three occasions** for research. Some of these samples may be additional to those collected as part of my normal pregnancy care.
- I understand these samples will **only** be tested for markers of inflammation, chronic disease, heart and kidney health, nutrition, infection, stress and smoking.
- I agree to having additional measurements taken during my regular ultrasounds so that researchers can look at my baby's kidney development.
- I agree to have my blood pressure measured **on three occasions** for research.
- I agree to having my weight, height, girths (distance around the waist, arms, legs and buttocks), and body composition measured **on three occasions** for research.
- I agree to the researchers asking about stressful life events and the effect these events have on me, **on three occasions** for research.
- I agree to the researchers asking about my experience of discrimination **on three occasions** for research.
- I agree to the researchers asking me about my mental health **on three occasions** for research.
- I agree to the researchers asking about my smoking status/habits **on three occasions** for research.
- I agree to the researchers asking me questions about what I eat **on three occasions** for research.
- I agree to the researchers asking me questions about my health and health history **on three occasions** for research.
- I agree to the researchers asking me questions about my demographics (things like income, employment, and education) **on three occasions** for research.
- I agree to information from my medical records and my baby's medical records being given to Gomeri Gaaynggal Study researchers. I understand that this information will **remain private** and will only be used for the purpose of this study,
- I understand that all my samples and information will be coded, stored securely, and will be destroyed when the study ends. Only selected research personnel will have access to the codes.
- I agree to have my coded information stored in a research database that may be used in future research. I understand that this future research is only done if I have consented to it here. The Gomeri Gaaynggal Advisory Committee and Human Ethics committee must also provide approval.

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- I agree to having my biological samples (blood/urine/saliva) stored at the Hunter Medical Research Institute in Newcastle for a maximum of 5 years after the study ends. I agree that these may be used for future research but understand that this will only be done if I have consented to it here. The Gomerai Gaaynggal Advisory Committee and Human Ethics committee must also provide approval.
  - If I am under 18 years of age, I understand that the research team is required to ensure my safety, welfare, and wellbeing. If I share information with the research team that tells them I am at risk of harm, the researcher has a responsibility to report this according to NSW Department of Health –Child Protection Guidelines.
  - I agree that a member of the research team may contact my doctor or midwife if any of my test/survey results from the study need further follow-up.
  - I agree that a member of the research team may contact me to arrange appointments and/or to let me know of any major changes to the research study.
  - I understand that any publication resulting from the research will not identify me.
  - I have been able to ask as many questions as I needed.
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**Declaration by the participant**

I, the undersigned, agree that the information in this consent form has been fully explained to me. I understand the research and have been able to ask questions. I understand that by signing this consent form I am agreeing to participating in this research as described above

Participant Name: \_\_\_\_\_ (Please print)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name if participant is < 18 years of age: \_\_\_\_\_ (Please print)

Guardian Signature if participant is < 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

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**Declaration by person conducting the consent process**

I, the undersigned, have fully explained the research to the participant named above

Name: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_