

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



## The Gomeri Gaaynggal Study

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

### Follow-up study consent form (for mums)

*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 I can stop at any time. I do not have to give a reason for why I want to stop.
- I understand that I can ask for my information and samples to be destroyed at any time.
- I agree to attend up to three visits in the year following my baby's birth and once a year until my child is around three years of age.
- I agree to provide blood samples at each study visit while in the research project.
- I agree to provide urine samples at each study visit while in the research project.
- I understand that these samples will be tested for hormones and markers of inflammation, chronic disease, heart and kidney health, nutrition, infection, and stress.
- I agree to have my blood pressure measured at each study visit while in the research project.
- I agree to having my weight, height, girths (distance around the waist, arms, legs and buttocks), and body composition measured at each study visit while in the research project.
- I agree to the researchers asking about stressful life events and the effects these events have on me, at each study visit while in the research project.
- I agree to the researchers asking about my experience of discrimination at each study visit while in the research project.
- I agree to the researchers asking me about my mental health at each study visit while in the research project.
- I agree to the researchers asking about my smoking status/habits at each study visit while in the research project.
- I agree to the researchers asking me questions about what I eat at each study visit while in the research project.
- I agree to the researchers asking me questions about my health and health history at each study visit while in the research project.
- I agree to the researchers asking me questions about my demographics (things like income, employment, and education) at each study visit while in the research project.
- I agree to the researchers asking me questions about any breastfeeding support I have received on three occasions while in the research project.
- I agree to information from my 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 having coded information about me 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.
- I agree to having my biological samples (blood/urine) stored at the Hunter Medical Research Institute in Newcastle for a maximum of 5 years after the study ends. I agree that they may be used for future research but understand that this future research is only done if I have consented to it here. The Gomeri Gaaynggal Advisory Committee and Human Ethics

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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 that I am at risk of harm; the researcher has a responsibility to report this according to the NSW Department of Health- Child Protection Guidelines.
- I agree that a member of the research team may contact my doctor if any of my test/survey results from the study need further follow-up.
- I agree that the research study 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 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: \_\_\_\_\_