

Study ID: _____



The Gomeri Gaaynggal Study

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

Follow-up study consent form (for children)

Please tick all that you consent to:

- I agree for my child to be a part of the research project. I give my free and willing consent.
- I understand my child can stop at any time. I do not have to give a reason for why I want my child to stop.
- I understand that I can ask for my child's information and samples to be destroyed at any time.
- I agree for my child to attend up to three visits in the year following their birth and once a year until my child is around three years of age.
- I agree to provide urine samples from my child 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, and infection.
- I agree to have my baby's growth measured at each study visit while in the research project. This includes length, weight and head measurements and the baby's skinfold thickness (amount of fat under the skin).
- I agree to have my babies blood pressure measured at each study visit while in the research project.
- I agree to being asked questions about the food that my child eats or drinks on four occasions while in the research project.
- I agree to being asked questions about my child's development, hearing and speech at each study visit while in the research project.
- I agree to the researchers asking me questions about my child's health and health history at each study visit while in the research project.
- I agree to information from my child'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 of my child's 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 my child 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 child's biological samples (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 committee must also provide approval.
- I understand that the research team is required to ensure my child's safety, welfare, and wellbeing. If information is shared with the research team that tells them that the child is 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 child's doctor if any of their test/survey results from the study need further follow-up.

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- 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 my child.
- I have been able to ask as many questions as I needed.

Declaration by Parent/Guardian of 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 for my child to participate in this research as described above

Participants (Child's) name: _____ (Please print)

Parent/Guardian Name: _____ (Please print)

Parent/Guardian Signature: _____ Date: _____

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: _____