



Australian Health Survey 2011-13

Consent for Biomedical sample collection - Parent or guardian

Thank you for participating in the Australian Health Survey. This form seeks your consent for your child or dependant to participate in the voluntary biomedical sample collection component of the survey.

By completing the reverse side of this consent form you are **acknowledging** that:

- Participation in this part of the survey for persons aged 12 years and over involves providing small samples of blood and urine these are known as 'biomedical samples'.
- Participation in this part of the survey for children aged 5 to 11 years involves providing a small sample of urine only.
- The biomedical samples will be collected by a qualified health professional.
- The biomedical samples will be tested for indicators of chronic disease (e.g. cardiovascular disease, kidney disease, and diabetes) and nutritional imbalance by trained staff at a pathology laboratory the results of these tests are called 'pathology test results'.
- A copy of the participant's pathology test results will be sent to the Australian Bureau of Statistics (ABS).
- You can receive a copy of the participant's pathology test results and you may nominate for his or her doctor or health care provider to receive a copy of the pathology test results.
- The results do <u>not</u> provide a diagnosis. Any health concerns you have for the participant, or that may be indicated in the participant's pathology test results, should be discussed with the participant's doctor or health care provider.

Confidentiality

The confidentiality of the participant's information and pathology test results, held by the pathology provider collecting biomedical samples and performing tests on the collected samples, is protected under the *Privacy Act 1988*. With your consent the pathology provider will give the ABS access to these results in accordance with the *Guidelines on Privacy in the Private Health Sector*. The ABS is required by the *Census and Statistics Act 1905* to maintain the secrecy of all information provided to us. No information provided to the ABS will be released in a way that would enable an individual or household to be identified (including to any organisation or government department).

Help available

If you have problems completing this form, any concerns, or would like a replacement form please contact the Australian Bureau of Statistics on **1800 904 314** Freecall (excluding mobile phones).

Brian Pink Australian Statistician



Consent form for participation in the Australian Health Survey 2011-13 CHILD aged less than 16 years or DEPENDANT Biomedical sample collection

Important: Please read the other side of this form before proceeding and please use **only black ball point pen** when completing this form - Thank you.

Name of participant (please use BLOCK letters)

Ву	marking the box marked 'Yes' and signing the form, I am indicating that:
•	I am the parent or guardian of the participant named above and I am not infringing upon his or her legal rights by signing this consent form; and
•	I have read and understood the information provided to me on the reverse side of this form and in the Information Sheet and have discussed it with the participant named above; and
•	I have been given a copy of the Information Sheet and Consent Form for my records; and
•	I understand that I can withdraw consent (for the person named above) up until the time that he or she has provided samples.
	Yes, I want my child or dependant to participate and I give my consent for the Australian Bureau of Statistics to receive a copy of the pathology test results from analysis of his or her blood and/or urine sample(s).
	Please use BLOCK letters
Na	me
Sig	gnature
Da	te / /
Re	lationship to the participant (please tick one box only)
Paı	rent Guardian