

RHD...is there a genetic association?

Consent Form for the Rheumatic Heart Disease Genetics Association Project



This form means you can say NO

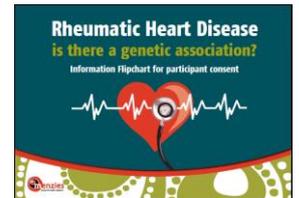
My name is _____
Print Your Name

Would you like to request an interpreter.....Yes No

The information in this consent form and in the Participant Information Flipchart can be explained by a Menzies staff member

- I have had the Participant Information flipchart discussed with me and understand the aim of this study is to find out if there is a genetic association with RHD
- I know its OK to say NO and that, if I say YES, I can change my mind later.
- I know all information collected about me will be kept strictly confidential (secret).
- I understand there will be no direct benefit to me participating in this study.
- I know where the specimens get sent for testing. (interstate and overseas, long term storage of samples will be in Australia only)
- I know that either consent or refusal to be part of the study will not impact upon the clinical care I may be receiving in any way

Participant Information Flipchart



If unclear, please discuss with a team member before proceeding

I give my permission to: (please tick Yes or No)

Saliva (Spit) Collection	Clinical Information
<p>1) Have a saliva sample collected for the RHD genetic association project</p> <p style="text-align: right;">↳ Yes <input type="checkbox"/> No <input type="checkbox"/></p> 	<p>2) Menzies research staff to obtain and store clinical information</p> <p style="text-align: right;">↳ Yes <input type="checkbox"/> No <input type="checkbox"/></p> 

3) I agree to participation in the RHD genetics project (please tick Yes or No) Yes No

4) I would like to receive a printed summary of the study outcomes when the study is completed: (please tick Yes or No) Yes No

Address or Email:.....



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discovery for a healthy tomorrow

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Your saliva (spit) sample will be destroyed and information no longer used at the completion of the Rheumatic Heart Disease Genetic association project unless you give permission for future use

5) Future use of Saliva sample and data



Optional

- I give permission for my saliva (spit) sample and data to be stored and used in future research in the area of Rheumatic Heart Disease
- I give permission for my data to be stored and used in future research in the area of Rheumatic Heart Disease
- I give permission for my saliva (spit) sample and data to be stored and used in future research into other important health issues related to Aboriginal Health
- I give permission for my data to be stored and used in future research into other important health issues related to Aboriginal Health

NOTE: Samples will only be used in projects that have approval from the project Aboriginal Governance Committee (or other governance group agreed to by this committee) and have approval from the Northern Territory Human Research Ethics Committee, NT Department of Health and Menzies School of Health Research

<p>Participant's Name</p> <hr/> <p>Participant's signature</p> <hr/> <p>____ / ____ / ____</p> <p>Date by Participant</p>	<p>Team member's Name</p> <hr/> <p>Team Member's signature</p> <hr/> <p>____ / ____ / ____</p> <p>Date by Team member</p>	<p>Interpreter's Name</p> <hr/> <p>Interpreter's signature</p> <hr/> <p>Write NA if Not Applicable</p> <p>____ / ____ / ____</p> <p>Date by Interpreter</p>
<p>Witness's Name</p> <hr/> <p>Witness's signature</p> <hr/> <p>Write NA if Not Applicable</p> <p>____ / ____ / ____</p> <p>Date by Witness</p>		