



## Australian Health Survey 2011-13

### Consent for Biomedical sample collection

#### Community

#### ADULT

Thank you for taking part in the Australian Health Survey. By signing this form you are agreeing that you would like to take part in the voluntary biomedical sample collection component of the survey.

By completing the other side of this consent form you are saying you **understand** that:

- Taking part in this part of the survey will mean giving small samples of blood and urine - these are known as 'biomedical samples'.
- The biomedical samples will be collected by a qualified health professional.
- The biomedical samples will be tested for signs of illness (e.g. cardiovascular (heart) disease, kidney disease, and diabetes), as well as levels of vitamins and minerals. The tests will be done by trained staff at a pathology laboratory - the results of these tests are called 'pathology test results'.
- A copy of the pathology test results will be sent to the Australian Bureau of Statistics (ABS).
- You can get a copy of your test results if you would like, and a copy will also be sent to the health service or clinic which collected your blood and/or urine.
- The results do **not provide a diagnosis**. If you are worried or have any health concerns after getting the pathology test results, you should talk to your doctor or health care provider.

#### Confidentiality

The confidentiality of your 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 any problems filling in this form, any questions, or if you would like a replacement form please call the ABS on **1800 904 314** Freecall (excluding mobile phones).

Brian Pink  
Australian Statistician



## Consent form for participation in the Australian Health Survey 2011-13

### ADULT

### Biomedical sample collection

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

By ticking the box marked 'Yes' and signing the form, I am indicating that:

- I am the person named below; and
- I have read and understood the information on the other side of this form and in the Information Sheet; and
- I have been given a copy of the Information Sheet and Consent Form for my records; and
- I understand that I can stop taking part, by not giving a blood or urine sample, up until the time that I have provided samples.

☐ **Yes**, I want to take part, and I agree that the ABS can have a copy of the pathology results from the testing of my blood and/or urine sample(s).

Please use BLOCK letters

Name ...

Signature

Date ...