



Australian Health Survey 2011-13

Consent for Biomedical sample collection

GUARDIAN

Thank you for taking part in the Australian Health Survey. This form seeks your consent for your adult dependant to participate 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 means 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 your dependant's pathology test results will be sent to the Australian Bureau of Statistics (ABS).
- You will receive a copy of your dependant's pathology test results, and a copy can be sent to your dependant's doctor or health care provider.
- The results do **not provide a diagnosis**. If you are worried or have any health concerns for your dependant after getting the pathology test results, you should talk to his or her doctor or health care provider.

Confidentiality

The confidentiality of your dependant'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 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



Biomedical sample collection

Name of participant (please use BLOCK letters)

[illegible]

- I am the 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 person 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 my consent (for the person named above) up until the time that he or she has provided samples.

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

Name of person signing this form (please use BLOCK letters)

Signature ...

Date

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