uOttawa

Université d'Ottawa | University of Ottawa
Département de Biologie | **Department of Biology**
30 Marie Curie, Ottawa, ON K1N 6N5
ON Canada K1N 6N5
Tel: (613) 562-5800 x6349

Consent Form
NSMA (13+ years)

Title of study: Health Effects Monitoring Program

Invitation to Participate: You are invited to participate in the Health Effects Monitoring Program as part of the Giant Mine Remediation Project. This study is led by Dr. Laurie Chan of the University of Ottawa. Funding is provided through Indigenous and Northern Affairs Canada.

Purpose of the Study: The purpose of the Health Effects Monitoring Program is to establish current baseline levels of contaminants, and examine possible health effects among residents in Ndilo, Dettah, and Yellowknife in the Northwest Territories, before remediation work begins. Then, during remediation, new monitoring results will be compared to the baseline to ensure participants' arsenic levels are not increasing because of work being done at Giant Mine. The monitoring program will focus on arsenic, and other Contaminants of Potential Concern (COPC) such as cadmium, lead, manganese, antimony and vanadium which may be released as a result of the remediation project.

Participation: If you agree to participate, we will conduct a 30–minute interview to complete a short lifestyle questionnaire, and a food frequency questionnaire on a variety of wild fish consumed. We will ask you to provide some toenail samples, a urine sample collected in the morning, and a saliva sample taken with a buccal swab from the inside of your cheek. Toenail and urine samples will be sent to the laboratory to test for arsenic and other metals of concern. The buccal swab will be used to test whether you have or do not have 20 specific genes that can help you to get rid of arsenic more efficiently from your body.

You will also be asked for permission to access your medical file for the past 5 years. We will investigate whether you have experienced symptoms related to arsenic or other contaminant exposure. This information will be coded with our study ID number.

Risks: There is no physical harm anticipated for participating in the monitoring program. Some of the questions in the Lifestyle Questionnaire are sensitive and personal, and you may feel uncomfortable. You don't have to answer all questions. You may also feel anxious about the type and amount of contaminants we may find in your body. You will receive your results with interpretation in a personal letter within a few months of data collection. A nurse of the research team will also be available to meet with you to explain your result, in case you had elevated levels of contaminants, the nurse will work with you to lower your exposure, and conduct further testing if necessary (i.e. blood test to confirm high exceedance).

Benefits: You will have the opportunity to find out whether you have been exposed to arsenic and other metals of concern. At the same time your participation will contribute to the understanding of arsenic exposure and its health effects in Yellowknife, Ndilo and Dettah.

Confidentiality and anonymity: All information you provide will be kept strictly confidential and will never be publicly attached to your name. You will receive your results with interpretation in a personal letter.

Conservation of data: The data collected (questionnaires, toenails, urine and saliva) will be kept in a secure manner (in a computer in a secure room at the University of Ottawa) until completion of the program. The Principal Investigator, along with research students, Janet Cheung and Dr. Rajendra Parajuli, will have access to the data. The data will only be used for the purpose of this study. A copy of the master database shall be provided to the Institute for Circumpolar Health Research, and kept in a secure manner, once data collection is complete.

Gift: You will receive a grocery gift card in the amount of $50 to thank you for taking the time to participate in the study.

Voluntary Participation: Your participation is voluntary. You are under no obligation to participate. If you choose to participate, you can withdraw from the study at any time and/or refuse to answer any questions without suffering any negative consequences. If you choose to withdraw, all information and data you have provided will be destroyed or returned to you on request. No samples of toenails, urine or saliva will be collected without your permission.

Who can I talk to if I have questions or problems?
The local research assistant will answer any questions you may have about this program or you may contact the following project team member at any time in the future.

Collect calls will be accepted.

Research Supervisor:
Dr. Laurie Chan
Professor and Canada Research Chair in Toxicology and Environmental Health
University of Ottawa, Faculty of Biology
Tel: 613-562-5800 ext. 7116
Email: laurie.chan@uottawa.ca

Yellowknife Contact:
Elizabeth Liske
Community Project Coordinator
Cell: 867-445-1574
Work: 873-8951 ext. 1011
Email: elizabethl@ykdene.com

If you have any questions regarding the ethical conduct of this study, you may contact:

Protocol Officer for Ethics in Research,
University of Ottawa, Tabaret Hall,
550 Cumberland Street, Room 154,
Ottawa, ON K1N 6N5
Tel: (613) 562-5387
Email: ethics@uottawa.ca

There are two copies of the consent form of which one will be kept by Dr. Chan.

Your decision to participate in the Health Effects Monitoring Program is completely up to you. You are free to withdraw from the program at any time, and you can choose not to answer any questions you don't feel comfortable answering.

By signing this form, I agree that:

1.	I understand that I am being asked to participate in a Health Effects Monitoring Program that will focus on Arsenic and other contaminants of primary concern for the Giant Mine Remediation Project.	Yes	No
2.	I understand that I have the right to not participate, to refuse to answer a question and the right to stop at any time.	Yes	No
3.	I understand that I can ask any questions related to the study at any time.	Yes	No
4.	I understand that my personal information will be kept confidential.	Yes	No
5.	I agree to give urine sample and be informed of the result.	Yes	No
6.	I agree to give toenail sample and be informed of the result.	Yes	No
7.	I agree to give saliva sample and be informed of the result.	Yes	No
8.	I agree to have my medical file reviewed for the past 5 years.	Yes	No
9.	A follow-up study is planned in 5 to 10 years. I agree to be contacted again to be invited to participate in the follow up study.	Yes	No
10.	I agree to have my samples kept in a biobank until the end of the study.	Yes	No
11.	I hereby consent to participate in the study.	Yes	No

NAME OF PARTICIPANT _____

DATE OF BIRTH (day/month/year) _____

_____ _____

Signature of participant Date (day/month/year)

TELEPHONE #: _____ EMAIL: _____

PARTICIPANT'S MAILING ADDRESS (for returning results of sample analysis):

_____

_____

NAME OF RESEARCH ASSISTANT WHO OBTAINED CONSENT (print):

_____ _____

Signature Date (day/month/year)

NSMA (13+) Consent – Interviewer to keep **NOID _____**

There are two copies of the consent form of which one will be kept by Dr. Chan.

Your decision to participate in the Health Effects Monitoring Program is completely up to you. You are free to withdraw from the program at any time, and you can choose not to answer any questions you don't feel comfortable answering.

By signing this form, I agree that:

1.	I understand that I am being asked to participate in a Health Effects Monitoring Program that will focus on Arsenic and other contaminants of primary concern for the Giant Mine Remediation Project.	Yes	No
2.	I understand that I have the right to not participate, to refuse to answer a question and the right to stop at any time.	Yes	No
3.	I understand that I can ask any questions related to the study at any time.	Yes	No
4.	I understand that my personal information will be kept confidential.	Yes	No
5.	I agree to give urine sample and be informed of the result.	Yes	No
6.	I agree to give toenail sample and be informed of the result.	Yes	No
7.	I agree to give saliva sample and be informed of the result.	Yes	No
8.	I agree to have my medical file reviewed for the past 5 years.	Yes	No
9.	A follow-up study is planned in 5 to 10 years. I agree to be contacted again to be invited to participate in the follow up study.	Yes	No
10.	I agree to have my samples kept in a biobank until the end of the study.	Yes	No
11.	I hereby consent to participate in the study.	Yes	No

NAME OF PARTICIPANT _____

DATE OF BIRTH (day/month/year) _____

_____ _____
Signature of participant Date (day/month/year)

TELEPHONE #: _____ EMAIL: _____

PARTICIPANT'S MAILING ADDRESS (for returning results of sample analysis):

_____

_____

NAME OF RESEARCH ASSISTANT WHO OBTAINED CONSENT (print):

_____ _____
Signature Date (day/month/year)