

CONSENT FORM FOR PARTICIPATION  
SARASOTA MERCURY EXPOSURE INVESTIGATION  
(Participant Consent for Urine Testing)

The Florida Department of Health (FDOH) in cooperation with the Sarasota County Health Department (SCHD), are offering free voluntary urine tests for mercury for two adults and two teenagers in Sarasota. The SCHD found liquid mercury in this family's home. The purpose of doing this urine test is to see if you have been exposed to mercury. Your participation in this investigation will allow you to know your own urine level of mercury. Your participation will also allow the FDOH and SCHD to identify public health actions, if appropriate, to reduce your exposure to these metals.

**Benefits**

By participating in urine testing, you will learn whether you have measurable elevated levels of mercury in your blood. If elevated levels are found, you will receive information on how to reduce your current and future exposure. If you give permission below, your test results may be released to other federal, state and local public health and environmental agencies so that they may take appropriate public health actions, if necessary. If you give your permission below, we will also give your doctor your tests results so that he or she can determine any proper follow-up actions, if necessary.

**Procedure**

- ◆ URINE – If you participate, you will collect your urine in a trace free metal plastic container provided by the National Medical Services Laboratory in Pennsylvania. Your urine will be tested at this laboratory, and the results will be sent to the FDOH. The only test that will be conducted on your urine will be for mercury and creatinine (to tell us how diluted your urine is). The urine sample will be stored at the laboratory for two weeks and then destroyed.

**Participation**

You can choose to have your urine tested or not. Any information you may provide is voluntary. Even if you agree to participate and sign this form, you can stop your participation at any time without penalty. You understand and agree that FDOH does not offer compensation or medical treatment as a result of your test results, nor for injury to you as a result of your participation. You understand that you must sign this form to participate in this testing.

**Results**

We will provide a copy of your urine test results within 1 week subject to unexpected events which may cause delay. You will receive an actual test result in addition to laboratory reference values with an explanation of their meaning. The FDOH will contact you immediately if the test results are an immediate health concern. If your results show you have elevated values of mercury, you should tell your own doctor about these findings. Also, the FDOH will prepare a

report (health consultation) within six weeks of receipt of the test results. The health consultation will include an explanation of the testing results including conclusions and recommendations

### **Confidentiality**

Confidentiality of your test results will be protected according to state and federal laws. Any reports produced from this information will give only group information and not identify specific individuals. Any medical information containing your name or address will be kept in locked cabinets at the FDOH. The FDOH will take every reasonable precaution to keep your records confidential. If you give permission below, your test results may be released to other federal, state and local public health and environmental agencies. If you give permission below, your test results will be sent to your own doctor.

### **Contact**

If you have any additional questions about this investigation or the testing, you may contact Susan Bland, Exposure Investigation Coordinator with the FDOH toll free at 1-877-798-2772, or Rob Bolesta with the SCHD at (941) 861-6111.

### **Consent of Participant**

I have read this consent form. The procedure and benefits of this urine testing have been explained to me. All of my questions have been satisfactorily answered. I freely and voluntarily give my signed consent for participating in the testing described above.

### **Please Check One Box**

- I give consent for my urine test results to be given to the Sarasota County Health Department (SCHD), Florida Department of Environmental Protection (FDEP) and the Environmental Protection Agency (EPA).
  
- I DO NOT give consent for my urine test results to be given to SCHD, FDEP, or EPA

