

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

WRITTEN PARENT PERMISSION FORM

Study Title: INnovations to Generate Estimates of children's Soil/dust inTake (INGEST)

Principal Investigator: Keeve Nachman (knachman@jhu.edu)

IRB No.: 20023

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[Greeting]. I am [Data Collector Name] from the Johns Hopkins University. We are asking you to give permission to participate in a research study about improving methods to estimate children's exposure to soil and dust. Knowledge gained from this study will be helpful in designing policies to protect children's health.

As the child's caregiver, we would like to invite you to participate in our study. Participation involves the following:

Two members of our study team visiting your home on two consecutive days to collect samples of soil and dust, and small samples of food, formula and the diapers your child soils for a 24-hour period.

We are asking you to join our study because you are a caregiver of a child between 6 and 12 months of age who consumes infant formula and/or solid foods and you reside in Maryland.

You do not have to participate in this study; it is your choice and there is no penalty for not joining. Ask as many questions as you need to help you make your decision. Please review the details outlined in the rest of this consent document before deciding.

If you agree to participate in this study, we will ask you to do the following things:

- Today, allow us to collect dust from your home using a vacuum and soil from outside your home.
- For the next 24 hours, you will collect small samples (in study-provided containers) of the food and formula you feed your child.
- For the next 24 hours, you agree to use the study-provided diapers and cotton pads, and wet wipes on your child. You also agree to temporarily store the soiled diapers in a study provided mini-refrigerator until our study team picks them up on the following day.

Our entire time in your home should last no more than 60 minutes on the first day and no more than 30 minutes on the last day.

There are minimal risks related to participation in this study. It is not expected that collecting these samples will pose a significant risk. There is a small risk that the cotton pad may be irritating to your child's skin. If this occurs, you may discontinue use immediately.

There is a risk that someone outside the study will see your information. We will do our best to keep your information safe by separating your personally identifiable contact information from all data collected pertaining to food, dust, soil, and urine/stool collected in the diapers.

You may find it inconvenient at times to use the cotton pads and diapers we provide to you. To minimize this inconvenience, we will work with you to integrate the diapers we provide into your existing diaper routine.

There is no direct benefit to your child from being in this study. If your child takes part in this study, your child's participation may help others in the future.

This study will not generate information about your child's health, so no such reports will be made to you. However, the overall findings from this study will be published in research reports. We are happy to provide you with access to these upon request.

We will provide you with the containers and diapers to use for 24 hours to collect your children's food, formula and urine and stool. In recognition of the time it takes to participate in this study, after we pick up the food and formula samples and soiled diapers, we will provide a \$100 Amazon.com gift card to you.

If you have questions about the study, call or email the principal investigator, Dr. Keeve Nachman at 410-502-7576 or knachman@jhu.edu. If you cannot reach the principal investigator or wish to talk to someone else, call the IRB office at 410-955-3193.

Documenting Participant Choices

Participation in this study

Do you agree to participate in this research study?

AGREE to participate in this Study **DECLINE TO PARTICIPATE IN THIS STUDY**

What does your signature on this consent form mean?

Your signature on this form means that you have reviewed the information in this form, you have had a chance to ask questions, and you agree to join the study. You will not give up any legal rights by signing this consent form.

WE WILL GIVE YOU A COPY OF THIS SIGNED AND DATED CONSENT FORM

Signature of Parent/Guardian of minor Participant (Print Name) Date/Time

Signature of Person Obtaining Consent (Print Name) Date/Time

NOTE: A COPY OF THE SIGNED, DATED CONSENT FORM MUST BE KEPT BY THE PRINCIPAL INVESTIGATOR AND A COPY MUST BE GIVEN TO THE PARTICIPANT. IF APPROPRIATE FOR THIS STUDY, A SCANNED COPY OF THE SIGNED CONSENT FORM SHOULD BE UPLOADED TO THE PARTICIPANT'S EPIC/EMR RECORD (UNLESS NO MEDICAL RECORD EXISTS OR WILL BE CREATED).