MICHIGAN STATE
UNIVERSITY

Swimming Pools and Respiratory Disease: Consent Form

You are being asked to participate in a research study. Researchers are required to provide a consent form (and parental permission form, if applicable) to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have. You (or you and your parent, if applicable) need to agree for participation in this study. In this form, YOU refers to the participant in the study.

This study is to be conducted over nine months about respiratory disease in individuals that routinely work in indoor pools. The purpose of this study is to learn more about the association between exposure to trichloramine in the indoor pool environment and respiratory symptoms and/or disease (e.g. asthma) in swimmers and pool workers.

We will ask that you complete a respiratory system health questionnaire to better understand your history of exposure to airborne contaminants commonly found in indoor swimming pools, as well as your history of respiratory symptoms and/or diagnosed disease (e.g. asthma, COPD). Each day during which we will be collecting air samples around the pool, we will ask that you complete a modified (shortened) survey to determine whether you are experiencing respiratory symptoms during that time. If you have been diagnosed by a physician with asthma or COPD we will ask that you also complete an 'asthma control questionnaire' to determine the level of symptom control during the evaluation period. In addition, we will ask that you take a simple breathing test (peak expiratory flow or PEF) just prior to the start of each sampling day and at the end of each sampling day during the evaluation period.

DEPARTMENT OF MEDICINE

Occupational & Environmental Medicine

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Peak flow testing has minor risks. Because PEF maneuvers require the participants to perform forced breathing, some individuals may become dizzy or experience temporary shortness of breath. Drs. Oliveri and Millerick-May will train study participants on the correct use of the peak flow meters prior to testing. All study participants will be provided their own peak flow meters and disposable mouthpieces.

Potentially, you will benefit from this testing as you (and your parent, if applicable) will be provided with extensive PEF results. Test results will be reviewed, along with responses to the respiratory health survey, by a physician. A letter interpreting the results of the tests as well as the responses to the respiratory health survey and study findings will be mailed to you/your parent at the conclusion of the study.

In addition:

1. All results will be kept confidential, and any and all results of questionnaires and breathing tests will be assigned a study ID rather than using identifiable information (e.g. your name). Your privacy will be protected to the maximum extent allowable by law.

2. During the course of this study, we may find more information that could be important to you. This may include information that, once learned, might cause you to change your mind about being in the study. We will notify you/your

parent as soon as possible if such information becomes available.

3. Your participation is voluntary and you are free to discontinue your participation at any time. There is no penalty for refusal to participate.

4. The information from your and other questionnaires and breathing tests and will be summarized and issued as reports. These reports will be written to keep all information about you confidential.

5. The research data will be kept on the campus of Michigan State University (MSU) in a locked file cabinet and secure server that can only be accessed through a password protected computer for 5 years after the close of the research. Only the appointed researchers, their respected institutions and the MSU HRPP (Human Subjects Protection Program) will have access to the research data.

If you have any concerns or questions about this research study, such as scientific issues, how to do any part of it, or to report an injury, please contact Anthony Oliveri, Assistant Professor of Medicine at Michigan State University, 909 Wilson Rd., Room 121 West Fee, East Lansing, MI 48824, by phone at (517) 432-4603, or by e-mail: anthony.oliveri@hc.msu.edu. If you have questions or concerns regarding your role and rights as a research study participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 4000 Collins Rd., Lansing, MI 48910.

Your signature below indicates your voluntary agreement to participate in this study.

_____
YOUR NAME IS (PRINT)

_____
YOUR SIGNATURE

_____
PARENT'S NAME IS (PRINT)

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PARENT'S SIGNATURE

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DATE