

## **Participant Information and Consent Form**

### **Project title**

Exposure of farm workers in Saskatchewan to pesticides

### **Study investigators**

Principal Investigator: [insert name, title, organization]

Phone: [insert phone number]

Email: [insert email address]

Co-investigator(s): [insert name, title, organization]

Phone: [insert phone number]

Email: [insert email address]

### **Funding source**

This study is funded by [organization/source of funding].

### **Invitation to participate**

You are being invited to participate in a research study on exposure of farm workers in Saskatchewan to pesticides. Choosing whether or not to participate is entirely your choice. The information provided in this form tells you about what is involved in the research, what you will be asked to do, and any potential risks or benefits. Please read this form carefully, take all the time you need, and ask any questions you may have.

Consent is an ongoing process that continues for as long as you are in the study. If something changes during the research study or, there is any new information that could affect your willingness to continue to participate, we will tell you and ask whether you still consent to participate in the study. Remember that you are free to withdraw your consent at any time for any reason, even if nothing in the study has changed.

### **Purpose of the research study**

Some diseases such as cancers and neurological disorders have been associated with exposure to pesticides. This study will assess the chemicals farm workers are being exposed to, the impact of different measures to reduce exposure and the health consequences involved.

### **What you will be asked to do**

If you decide to take part in this research, you will be asked to attend one visit at [insert location]. This visit will take approximately one (1) hour in total. The study procedures will include the following:

- We will measure your weight and body fat percentage using a scale and measuring tape. We will also take your blood pressure and your heart rate.
- We will then conduct an interview that will last about 30 minutes. This interview will include questions focusing on your overall health, medical history, exposure to

pesticides, whether and how you protect yourself from exposure, and general lifestyle information (e.g., eating habits, level of exercise, alcohol and nicotine use).

- We will take a blood sample of 30 mL (about 6 teaspoons) by inserting a needle into a vein in your arm.
- We will also collect a urine sample.
- Your blood and urine samples will be used to assess your exposure to pesticides.

If we learn any important new information about your health as a result of your participation in this study, we will share that information with you and explain what it could mean for your health.

### **Who can take part in the research study?**

We are recruiting 100 farm workers from across Saskatchewan with at least two years of experience working on a farm. Participants must be at least 18 years old. We hope to cover a wide range of ages and include an equal number of women and men.

### **Possible risks and benefits**

**Risks:** Some sections of the questionnaire will focus on personal topics that may make you uncomfortable. You are free to refuse to answer any questions. The needle for the blood sample may cause some pain, however, the risks associated with this procedure are low. An infection and a hematoma (bruise) at the collection site are rare but possible. If for any reason you don't want to continue in the study, you are free to withdraw at any time as described further below.

By agreeing to participate in this research you are not giving up or waiving any legal rights in the event that you are harmed during the research.

**Benefits:** You may not receive any direct benefit from participating in this study. However, your participation may advance knowledge about the health risks of exposure to pesticides among farm workers.

### **Compensation/reimbursement**

You will receive a \$50 gift card to [indicate type: name of store, online merchant, Visa/Mastercard, etc.] as compensation for your time and to help cover any travel expenses. If you decide to withdraw before completing all the study procedures, you will still receive the gift card.

### **Privacy protections and confidentiality**

We will assign each participant an ID code which means your name will not appear on any interview questions or biological samples. This ID code will be recorded on a password-protected encrypted electronic file. A master list, which provides the link between your identifying information and your ID code, will be stored securely and separately from your name and contact information, but only the researchers involved in the study will have access

to this document. Your data will also be stored in an encrypted electronic file protected by a password. Your blood and urine samples will be kept in a locked freezer at [insert location].

### **Data and sample retention**

We would like to keep your data (including demographic information such as age and sex) and samples indefinitely for future research purposes. Your data and samples will be used within the framework of the current study to continue to assess potential health risks associated with exposure to pesticides or other chemical compounds found in the environment. Your de-identified data and samples may also be shared with other local and international collaborators, but personal identifiers such as your name or contact information will not be released and they will not be able to link your samples with your personal information. If you do not want us to keep or share your data or samples, they will be used only for the purposes of this study and destroyed after 5 years. You will be asked to indicate your choice on the signature page below.

### **Reporting of results**

Although the project outcomes will be determined by the research findings, possible research products will include: articles in scientific journals, a report for our organization's internal use, and a brief to health care providers. We will only report group results to reduce the risk that you are identified to as low as possible in our reports. A de-identified dataset, without any personal identifiers, may be posted on the Government of Canada open government portal, an online repository that makes data freely available to the public. If you wish to be informed of the results of the research, please indicate this on the signature page below.

### **Withdrawing from the study**

Your participation is completely voluntary. You are under no obligation to participate and are free to withdraw at any time without consequence. If you choose to withdraw, contact the Principal Investigator mentioned below, and we will use your ID code to locate your data and samples and they will be destroyed. If we have begun reporting results, we will not be able to remove your data or samples.

### **Conflicts of interest**

The Principal Investigator has received research support from [company X] and participated in an advisory activity for [company Y]. As a result of these interests, [company X] and/or [company Y] could potentially benefit from the outcomes of this research. If you have any questions or concerns about these interests, please contact the research staff. This disclosure is made so that you can decide if this information will affect your willingness to participate in this study.

### **Questions and contact information**

If you have any questions about the study, please contact:

Principal Investigator: [insert name, title, organization]

Phone: [insert phone number]

Email: [insert email address]

If you have any questions about your rights as a research participant, you may contact:

Health Canada-PHAC Research Ethics Board Secretariat

Telephone: 613-941-5199

Email: [reb-cer@hc-sc.gc.ca](mailto:reb-cer@hc-sc.gc.ca)

This research study was reviewed by the Health Canada and Public Health Agency of Canada Research Ethics Board.

## Signature Page

**Project title:** Exposure to pesticides among farm workers in Saskatchewan

**Lead researcher:** [insert name of Principal Investigator, title, organization]

**Privacy Notice** [only for projects led by Health Canada or PHAC researchers: Insert privacy notice as developed in consultation with the Health Canada-PHAC Privacy Management Division]

### Statement of consent

By signing this form, I agree that:

- The study has been explained to me
- All my questions have been answered
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me
- I have been told that my personal information will be protected

In addition, I understand that:

- I have the right not to participate and the right to stop at any time
- I may refuse to participate without consequence
- I have a choice of not answering specific questions
- I am free now, and in the future, to ask any questions about the study
- No information that would directly identify me will be released or printed without my consent
- I will receive a signed copy of this consent form

You can still participate in the research if you select “no”:

I consent to being contacted in the future for participation in research studies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to have my samples and data retained for future research	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to have my de-identified samples and data shared with other local or international collaborators	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please provide an email address below if you would like to be sent a summary of the study results.

Email address: \_\_\_\_\_

**Signature of the person obtaining consent**

By signing this form, I attest that:

- I have explained the study to the prospective participant
- I answered all of their questions
- I provided a copy of this consent form to the participant
- The participant seemed to understand the consent form and agreed to participate

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date