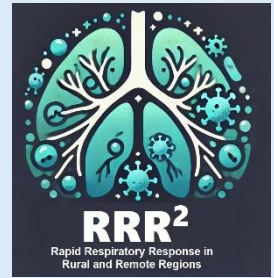


RRR²

Rapid Respiratory Response in Rural and Remote Regions:

An observational study of bronchiectasis using ground-breaking tools



AGREEMENT FORM

Participant Providing Agreement

Please read the Project Information Sheet (or have someone read it to you). If anything is unclear or you have questions, ask the study team—they are here to help!

Before you sign this form, it's important to understand what being part of this study means. Take your time to think about each part and decide if you would like to be involved.

If you agree, tick the box next to 'Yes'. If you don't agree, tick the box next to 'No'.

I have read (or someone has read to me) the Study Information Sheet. I have had the chance to talk about the study with my family or a friend, or have them with me while it was explained, and I understand what it means to take part.

Yes No

It is important to understand:

- You do not have to join the study if you do not want to. It is your choice! If you start and then change your mind, that is okay too. You or your parents/guardians can stop at any time.
- If you decide to leave the study, it will not change the medical care you get.
- Being in this study will not hurt you or make you feel uncomfortable. You do not have to do anything extra. The doctors will only use the samples you already give them.
- This study might not help you right now. But what we learn could help other kids in the future.
- Being in this study won't change your healthcare. You will still be able to see your doctor, get treatment, and have all the care you need.
- You won't get paid to be in this study.

Document Name: Agreement Form - Participant

Study Reference: 2025/HRE00070

AHREC ID: 04-25-1205

Version & Date: version 4.0, dated 11/11/2025

- Your information will stay private. Only the study team will see it, unless the law says otherwise.
- If I decide to leave the study, no new samples or information will be collected from me. Any of my de-identified data that has already been used in publications, or presentations may not be able to be removed. However, my de-identified data will not be used in any future analyses that have not yet been done, and any remaining sample will be disposed of respectfully and safely.
- Your sample will be kept in a freezer in a locked facility at the hospital you gave your sample at or Flinders University. When the study finishes, any leftover sample will be respectfully and safely disposed of.
- The DNA information from your sample and other health information will be stored safely on computer systems looked after by Pawsey, the National Centre for Indigenous Genomics (NCIG), and Flinders University. This information will be kept for 30 years (as required for research) and then permanently deleted
- You can keep a copy of this form and the Information Sheet.

I agree to:

- a) The study team using my samples (like spit) to learn more about lung infections.

Yes No

- b) The study team using the results of my tests for this research project and for future studies, but only if those studies are approved by a recognised Human Research Ethics Committee.

Yes No

- c) The research team looking at my electronic medical records (the notes the doctors have written about my health) to help with the study.

Yes No

- d) Be contacted in the future about other research studies related to this one.

Yes No

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If you have any questions, ask a doctor or someone from the study team—they're happy to help!

I,,
have had the study explained to me in a way I understand. I know why it is being done and what it involves.

I agree to take part in the research project called:
RRR²: Rapid Respiratory Response in Rural and Remote Regions - an observational study of bronchiectasis using ground-breaking tools.

Signed:

Date:

Researcher Declaration

I certify that I have explained the study to the participant and consider that they understand what is involved.

Name: **Signed:**

Title: **Date:**

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