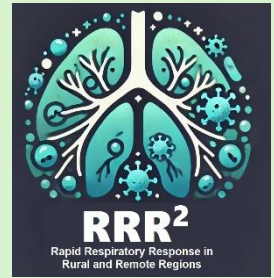


RRR²

Rapid Respiratory Response in Rural and Remote Regions:

An observational study of bronchiectasis using ground-breaking tools



CONSENT FORM

Parent/Guardian Providing Consent for Child

Before you sign this form, it is important that you understand what it means for your child to be part of the study. Please read (or have read to you) the Project Information Sheet. Ask the study team member to answer any questions you have, or to explain something you are not sure of.

I have read (or it was read to me) and I understand the Study Information Sheet:

Yes No

I confirm that I am 18 years or older:

Yes No

It is important to understand:

- Involvement in this study is voluntary. You do not have to take part in this study if you or your child do not wish to.
- I can withdraw my child from the study at any stage, and this will not affect their medical care or any other aspect of their relationship with this healthcare service.
- If I or my child decide to withdraw from the study, no new samples or information will be collected from them. Any de-identified data that has already been used in analyses, publications, or presentations may not be able to be removed, as this would alter study results. However, de-identified data will not be used in any future analyses that have not yet been conducted, and any remaining samples will be disposed of respectfully and safely.
- There are no additional risks, side effects, discomforts, and inconveniences, as outlined in the Information Sheet and by your child's healthcare professional.

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Study Reference: 2025/HRE00070

AHREC ID: 04-25-1205

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

- That my child may not directly benefit from taking part in this study.
- That my child's participation will not affect:
 - o Their access to health services;
 - o Any future healthcare decisions;
 - o Any other aspect of their medical care.
- That there will be no payment to my child for participating in this study.
- That my child's information will be kept confidential as explained in the Information Sheet, except where required by law.
- As part of this study, the research team will look at some information already recorded in your child's medical records. This will help us understand your child's health in more detail, without needing to do extra tests.

The information we will use includes:

- Basic details: Gender, age, date and time of sample collection, and primary language (as an indicator of place of origin)
 - Lung health: Lung function test results (such as FEV1) and imaging results (for example, CT scans showing bronchiectasis)
 - Treatments and test history: Records of antibiotics your child has had and reports from past respiratory cultures.
 - Blood test results: Including *Strongyloides stercoralis* (Threadworm) serology, specific IgE, Aspergillus precipitins, C-reactive protein (CRP), and white blood cell count.
- That I should retain a copy of this Consent Form, once completed, and the attached Information Sheet.

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I consent to

a) My child's mucus (spit) samples being used in this study to help doctors better understand what germs are causing lung infections.

Yes No

b) De-identified data generated from my child's sample to be used in future ethically reviewed and approved research projects.

Yes No

c) My child's excess de-identified mucus/spit samples being stored until the conclusion of the study, after which it will be disposed of respectfully and safely.

Yes No

d) The results of these analyses being used to inform this study and potentially future research projects, as approved by the Women's & Children's Hospital Research Ethics Committee.

Yes No

e) The research team accessing and using my child's electronic medical records for the purposes of the study.

Yes No

f) Being contacted about new research projects related to this study in which my child may wish to participate.

Yes No

I,,

hereby consent to my child's involvement in the research project entitled:

RRR²: Rapid Respiratory Response in Rural and Remote Regions - an observational study of bronchiectasis using ground-breaking tools.

Signed: **Date:**

Relationship to participant:

Full name of participant:

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Would you like to receive updates about the study results?

The results from this study will not be individual results for your child, but rather combined findings from all participants. These results may show trends or patterns that help us better understand children’s lung health.

Yes, I would like to receive updates about the study results.
(Please provide your preferred contact details below)

- **Email address:**
- **Postal address:**
 - Street address:
 - City:
 - State:
 - Postcode:

No, I do not wish to receive updates about the study results.

Researcher Declaration

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

Signed: **Name:**

Title: **Date:**

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