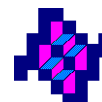


**National Institute of Public Health  
University of Michigan School of Public Health  
Informed Assent Form**

Date of approval by the INSP Ethics Committee: December 2010



Subject's identification

**Assent of the Minor to Participate**

**(Only to be applied to children who are 8 years old or older. To be obtained orally when the minor is alone.)**

**Child's name:** \_\_\_\_\_

We invite you to participate in a study that will allow us know whether lead, a metal that pollutes the environment, harms children like you. We have known you since you were a baby, we have seen you grow and develop, and thanks to you we have learned a lot about how lead effects children in Mexico. Now that you are older we want to continue studying the subject, to know whether lead is associated with how children grow and develop.

If you accept to participate with us, we ask for your permission to take a little blood from your arm, about two tablespoons. We would also like your permission to obtain a sample of your urine. We will analyze your blood to determine your levels of developmental hormones, and we will analyze your genetic material (i.e., components that you inherit from your parents) to see if lead can harm you more than it can harm other children. We will analyze your urine to measure the amount of some contaminants found in it. We also ask that you let us measure your weight, height, waist, chest, arm, and calf circumferences, and the thickness of your skin to see how you are growing and developing.

Lead can also affect the way in which you become an adult. Some researchers have found that lead can affect the speed with which body hair and other physical characteristics are developed.

If you give us permission, a trained doctor or nurse will see how hair grows on your body and how you are developing physically. This means the doctor or nurse will look at how your breasts (if you are a girl) and how your penis (if you are a boy) are developed. We will ask a nurse also to be present in the room to help the medical record. With your permission, your mother may be present during the exam if it makes you feel more comfortable. We understand that this may be embarrassing for you, but you can end the review at any time you decide.

We also invite you to answer a few questions from a questionnaire related to your sexual development. If it makes you feel more comfortable, your mother can be with you. This questionnaire will help us to better understand the stage of growth and development where you are. You can stop filling out the questionnaire at any time.

If you agree to participate, we will also ask you to complete questionnaires relating to what you eat and how much exercise you do regularly, to see how these influence your nutritional status. Similarly, we will ask you to fill out a questionnaire about the personal care products you use daily.

If you do not agree participate in the collection of evidence for this study, it is not a problem, we will not be angry with you or your mom. We ask that you please let us study you, because what we learn may help you and children like you.

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**Please check (✓) in one of the boxes below to tell us if you grant us permission to participate in this study.**

- ☐ Yes, I agree to participate in this study.  
☐ No, I do not agree to participate in this study.

**We have explained to the child and he/she has agreed to participate in the anthropometry, biological sampling, and blood pressure measures:**

1. Yes                      2. No

**We have explained to the child and he/she has agreed to participate in a physical maturation examination:**

1. Yes                      2. No

**We have explained to the child and he/she has agreed to fill out the questionnaire on sexual maturation:**

1. Yes                      2. No

**We have explained to the child and he/she has agreed to fill out the food frequency, physical activity, and use of personal care products questionnaires:**

1. Yes                      2. No

**Declaration of the investigator or person obtaining the consent/assent:**

- I have explained the research to the study subject, and
- I have answered the subject's questions about this research to the best of my ability.

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**Name and Signature of Investigator or  
Person obtaining the consent/assent**

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**Date/Time**