



# MiPEHS

Michigan PFAS  
Exposure &  
Health Study

## Information for Adult Participant





STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

Date  
SAMPLE PARTICIPANT  
SAMPLE ADDRESS

Dear SAMPLE PARTICIPANT:

Thank you for choosing to participate in the Michigan PFAS Exposure and Health Study (MiPEHS)! With your help, we may all gain a better understanding of how exposure to per- and polyfluoroalkyl substances (PFAS) affects the long-term health of all Michiganders.

**Welcome to the study!**

This welcome packet contains resources to prepare you for your study office appointment and other parts of the study. This includes details about your appointment, instructions for how to complete the survey, information on COVID-19 safety precautions, Frequently Asked Questions, and a study office visit fact sheet.

You can visit our website at [Michigan.gov/DEHbio](https://Michigan.gov/DEHbio) and click on "MiPEHS" to learn more.

As a reminder, taking part in MiPEHS is completely free and voluntary. If you have any questions, concerns, or need to reschedule your appointment for any reason, please call our research partners, RTI International (RTI) at 855-322-3037.

On behalf of the entire MiPEHS research team, thank you for joining us in this important study!

Sincerely,

A handwritten signature in black ink, appearing to read "Kory Groetsch".

Kory Groetsch, M.S.  
Environmental Public Health Director and MiPEHS Principal Investigator  
Michigan Department of Health and Human Services

# Study Office Visit Confirmation

Thank you for choosing to participate in MiPEHS! This document confirms and provides details for your study office visit. Please read this carefully to make sure you have everything you need for your visit.

## Your appointment details

**SAMPLE PARTICIPANT**

**Visit Date**

**Visit Time**

**Study Office Location:** 519 E. Division Street NE, Rockford, MI 49341.

- *PLEASE NOTE:* Entering the above address in Google Maps will take you to the wrong location. The directions below and on the next page should help you find the study office.
- The study office is located between Rite Aid Pharmacy and MVP Athletic Club. It is the first suite to your right as you enter the doors under the Life Beyond Barriers sign.
- Parking is available at the office.

**Study Office Phone Number:** 800-848-4071

## WHEN YOU ARRIVE AT THE STUDY OFFICE:

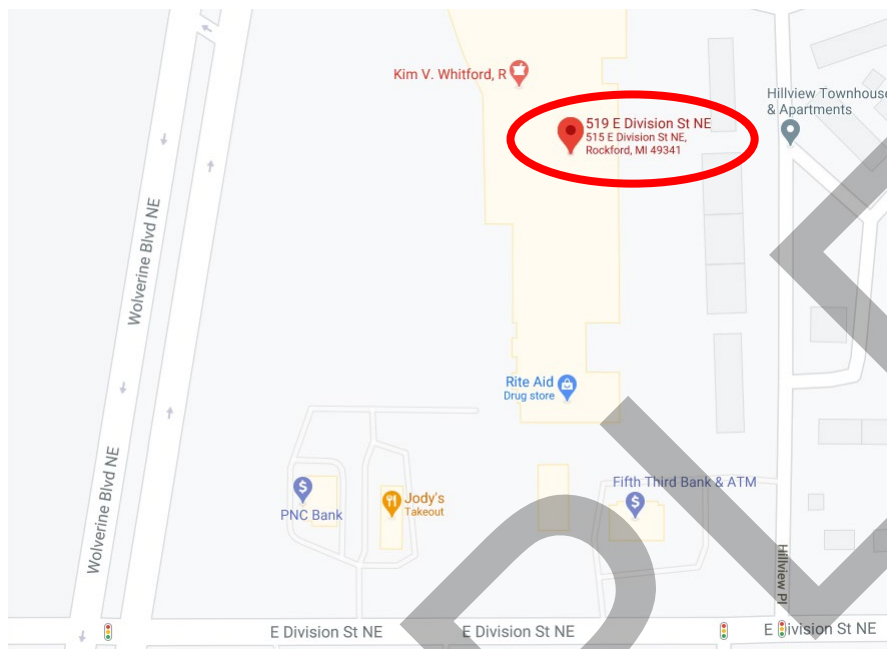


**WAIT** in your car.

**CALL 800-848-4071** from your car to let the staff know you have arrived and complete a COVID-19 screening.



## Map to Study office



## Driving Directions

**From the North:** Travel south on Northland Dr NE; At the Northland Dr-Wolverine Blvd split, continue south onto Wolverine Blvd NE; Continue south at the Wolverine Blvd- E Division St traffic light; at the next turn lane, make a left to head north on Wolverine Blvd; Turn right onto E Division St NE; Turn left into the second drive; the study office will be on your right (between Rite Aid Pharmacy and MVP Athletic Club).

**From the East:** Head west on 10 Mile Rd NE; Continue straight at the light at the 10 Mile Rd-Hillview Pl intersection; Continue straight at the light at the 10 Mile Rd-Marcell Dr intersection; Turn right into the second drive after the light; the study office will be on your right (between Rite Aid Pharmacy and MVP Athletic Club).

**From the South:** Head north on Wolverine Blvd NE; Turn right onto E Division St NE; Turn left into the second drive; the study office will be on your right (between Rite Aid Pharmacy and MVP Athletic Club).

**From the West:** Head east on 10 Mile Rd NE/W Division St NE; Continue to Wolverine Blvd NE; Continue straight onto E Division St NE; Turn left into the second drive; the study office will be on your right (between Rite Aid Pharmacy and MVP Athletic Club).



## Pre-appointment checklist

- ☐ Please review all the materials in this Welcome Packet.
- ☐ Please complete the “MiPEHS Pre-Survey Worksheet.” **This worksheet is *not* the survey, but it will ensure you have the information needed to complete the survey.**
- ☐ Please complete the online survey. Refer to the “Survey Instructions” in this Welcome Packet.
- ☐ Please review the “Healthcare Provider Blood Draw Authorization” form.
  - Some health conditions or medical treatments, like bleeding disorders, anemia, or some cancer treatments, may make it unsafe for you to provide a blood sample for this study.
  - If you are 12 years old or older and have any of the listed health concerns, we ask that your healthcare provider sign this form agreeing that it is safe for you to give a blood sample; you will need to bring this form with you to your study office visit.
- ☐ The following are common symptoms of COVID-19: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
  - If you have any symptoms of COVID-19 up to two weeks before the date of your appointment or on the date of your appointment, kindly call 855-322-3037 to reschedule. To ensure the safety of our participants and staff, we will find another time for you to come in.
- ☐ If you are 12 years old or older, fast for 8 hours before your appointment.
  - Fasting means do not eat or drink anything besides water for 8 hours before your appointment.
  - It is okay to drink water and take any medications with water.
  - If you must eat before your appointment because of a medical reason, eat fat-free or low-fat items. Write down what you ate and when you ate it. Bring this information with you.



**Required for the appointment:**

- ☐ An ID with both your name and picture.
  - Please see enclosed list of “Accepted Forms of ID”. This applies to adult participants and parents/guardians accompanying a minor participant.
- ☐ A mask or cloth face covering to wear during your study office appointment.

**You may also need to bring:**

- ☐ Your completed “MiPEHS Pre-Survey Worksheet.”
  - Only if you were unable to complete the survey online before your appointment.
- ☐ A list of anything you ate in the 8 hours before your appointment and when you ate it.
  - Only if you were unable to fast during that time.
- ☐ The signed Healthcare Provider Blood Draw Authorization form.
  - Only if you have any of the health conditions that may result in problems with a blood draw.

**For households with multiple appointments:**

- Household members with appointments scheduled one after the other can plan to come to the study office together.
- Upon arrival, only one person needs to call to let the study team know you all have arrived.
- Please call 855-322-3037 if you have any questions about scheduling.

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Have questions about your appointment or about the study? Need to reschedule or cancel? Please call 855-322-3037.

Need help with transportation to your appointment? Please call 844-464-7327.



# MiPEHS Survey Instructions

Each participant in this research study, or a participant's parent or legal guardian if the participant is a minor, is asked to complete a survey on health and behavior that may affect the amount of PFAS in their body. All the information you provide on the survey will be kept confidential and will be securely stored.

One adult participant from each household needs to complete an additional part of the survey about household water filters. Adults in the household should decide who should be the one to answer this part of the survey before beginning.

**Please complete all parts of the survey before coming to your appointment if at all possible. Please let us know if you are unable to do this before your appointment so we can schedule extra time for you to complete this in our study office.**

In this welcome packet, there is a Pre-Survey Worksheet. Doing this worksheet **first** will make it easier and faster to finish the online survey. When you are taking this survey, you will need to look at 2 maps included in this Welcome Packet. They are labeled Reference Map #1 and Reference Map #2.

Each participant in the study has their own, personalized web address for the survey.  
**It is important to use the web address that has been assigned to you.**

Here is **YOUR** unique web address for answering the survey:

\_\_\_\_\_  
**SAMPLE PARTICIPANT**

\_\_\_\_\_  
**SAMPLE WEB ADDRESS**

If you are unable to complete the survey before your study office appointment, we will have space available for you to complete it at your appointment.

Please call us if you see something in the survey questions that does not look right to you or if you are confused by any question: **844-464-7327**. Our staff are here to help.

Our offices are open from 8 a.m. to 5 p.m., Monday through Friday.





## MiPEHS Pre-Survey Worksheet

Before starting the survey, we recommend you fill out this worksheet. You may need to look up information in your personal records or refer to your current medication(s) to finish this worksheet.

Filling this out may help you complete the survey faster.

We have study staff available to help you if you encounter any problems or questions when you are answering the questions on the online survey.

Please call us at **855-322-3037** during our open hours if you need help completing the survey. Our offices are open:

8 a.m. to 8 p.m., Monday through Friday  
11 a.m. to 3 p.m. on Saturday

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### Health History

Gathering your answers to these questions may help you complete the survey faster. The survey has questions that will ask you about the following information.

1. If you ever donate blood (whole blood, plasma, etc.), when was the last time you donated?  
Month: \_\_\_\_\_  
Year: \_\_\_\_\_
  2. We will ask about certain health conditions you have been diagnosed with. It will be helpful to gather information about your health history as you prepare for the survey. We will ask about a variety of health conditions (like some cancers, preeclampsia, thyroid problems and more) and how old you were when you were diagnosed.
- 





3. If you are currently taking any medications, please have a complete list available. Filling out the table below may help you organize your medication information, so it is ready for the survey questions. The survey will ask you about ALL current medications you are taking including prescription and over-the-counter medications. By “medications” we mean any of the following:

- pills
- liquid medications
- skin patches
- eye drops
- salves, ointments and creams
- inhalers and injections
- hormonal birth control devices
- aspirin
- cold or allergy medications
- herbal remedies
- Tylenol® and Motrin®
- vitamin supplements
- any other prescription or over-the-counter medication

	Medicine name	How often do you take/use the medicine?	Date you last took/used the medicine (MM/DD/YYYY)
1		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	____/____/____
2		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	____/____/____
3		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week	____/____/____



		<input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	
4		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
5		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
6		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
7		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
8		<input checked="" type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week	___/___/___



		<input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	
9		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
10		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
11		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
12		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	___/___/___
13		<input checked="" type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week	___/___/___



		<input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	
14		<input type="checkbox"/> Every day <input type="checkbox"/> 3 or more days a week, but not every day <input type="checkbox"/> 1 or 2 days a week <input type="checkbox"/> Every other week or less <input type="checkbox"/> I don't know	____/____/____

### Drinking Water History

The person answering Part 1 of the survey on behalf of the household will answer questions related to drinking water. We only need this information from one person per household. The questions below are very similar to the ones we will ask on the survey and they might take a little extra time to figure out the answer. We are including them here so you know what kind of information to have available during the survey.

1. Think about the people in your household who are over 12 years old and participating in this study – what is the water source most used for drinking water in the house right now by these people? ‘Water source’ means where your water comes from, either a private well, city water, or bottled water.

- ☐ Private well  
☐ City water (sometimes called municipal water or public water)  
☐ Bottled water (store-bought)

2. In approximately what month and year did you start using the water source most used for drinking water in the house right now?

Month: \_\_\_\_\_

Year: \_\_\_\_\_



3. Not including this study, have you ever had your drinking water tested for PFAS?

- ☐ Yes
- ☐ No
- ☐ I don't know

4. For water most often used in the house for drinking and cooking, do you currently use a filter for any reason? This does not include water softeners.

- ☐ Yes
- ☐ No
- ☐ I don't know

5. If you use a filter for the water you use for drinking or cooking, what are the reasons that you currently use a filter? Again, this does not include water softeners. Please select all that apply.

- ☐ Water tastes bad
- ☐ Water is cloudy or has a bad color
- ☐ Water smells bad or has a bad odor
- ☐ Water has sediment or has particles that 'settle out' as it sits
- ☐ Water has dissolved minerals, commonly known as 'hard water'
- ☐ Water tested positive for lead
- ☐ Water tested positive for PFAS
- ☐ Water tested positive for another contaminant
- ☐ As a safety measure (precaution) for any contaminants that haven't been tested for
- ☐ Other, please specify: \_\_\_\_\_
- ☐ I don't know



## Healthcare Provider Blood Draw Authorization Form

SAMPLE PARTICIPANT is choosing to participate in the Michigan Department of Health and Human Services (MDHHS) Michigan PFAS Exposure and Health Study (MiPEHS). This study is evaluating how PFAS exposure in drinking water relates to blood PFAS levels and how blood PFAS levels may be related to health.

### **In this project, MDHHS will be collecting a fasting blood sample.**

This form is to be completed by a licensed healthcare provider who is involved in the study participant's care if:

- the participant identifies as having a bleeding disorder, anemia, cancer, or other condition that could make it unsafe to draw blood for this project

Or

- the participant is taking medication(s) or is undergoing treatment that makes it unsafe to draw blood for this project

The total amount of blood that will be drawn from the study participant for this project is:

- 53 milliliters (about five 10mL vials) for adults age 18 years or older.
- 33 milliliters (about three 10mL vials) for minors age 12 to 17 years.

**Please complete the following for the person listed above.**

**Please select all that apply to this patient:**

- ☐ Bleeding disorder(s) (i.e. hemophilia)
- ☐ Anemia
- ☐ Current diagnosis of cancer

- ☐ Taking blood thinners
- ☐ Taking antihyperglycemic medication(s)
- ☐ Other: \_\_\_\_\_

Determination for this patient's participation in the blood draw for this project is the following (select one):

- ☐ This patient **can safely participate** in the blood draw for this project.
- ☐ This patient **cannot safely participate** in the blood draw for this project.

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Provider's Name (Please Print)

\_\_\_\_\_  
Phone

**This completed form should be brought to the scheduled study office appointment by the participant in order to participate in the blood draw for this project.**

*For questions about this form, please call MDHHS at 844-464-7327 and ask to speak with MiPEHS staff. Thank you for your assistance.*

TITLE OF RESEARCH: "Michigan PFAS Exposure and Health Study (MiPEHS): *City of Parchment, Cooper Township, and Belmont/Rockford Area*" PRINCIPAL INVESTIGATOR: Kory Groetsch

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH**

# ADULT CONSENT FORM

## KEY INFORMATION

### OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) invites you to participate in the Michigan PFAS Exposure and Health Study (MiPEHS). First, we want to learn how exposure to per- and polyfluoroalkyl substances (PFAS) in drinking water relates to the levels in people's blood. Second, we want to learn how PFAS levels in people's blood could be related to health. We are conducting this health study in three communities— the Belmont/Rockford area (North Kent County), the City of Parchment, and Cooper Township. This health study is research, which is different from MDHHS' routine public health activities.

### WHAT TO EXPECT

If you agree to be part of this study, we will ask you to participate in three appointments at a study office (90-minutes each). These appointments will be spaced about two years apart. MDHHS will take all needed precautions following CDC guidelines to protect you, your family, and staff at the study office from exposure to infectious disease, including COVID-19. This will include asking you, and any person you bring to the study office, to wear a face covering if you are medically able.

Before each of your appointments, we will ask you to fast (not eat) and drink only water for 8 hours before arriving. We will also ask you to complete a health survey on the internet.

At each appointment, we will:

1. Measure your blood pressure, height, weight, and around your waist (waist circumference).
2. Take a blood sample from your arm.
3. Provide each adult participant a \$50 gift card for participating in the study, which means providing a blood sample from your arm and completing a survey.

At your first appointment only, we will take a blood sample from your finger. After the first appointment, you will also receive a \$5 gift card for providing a blood sample from your finger.



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For selected households, we will ask your permission for an MDHHS employee, a sanitarian, to collect sample(s) of your household's drinking water that will be tested for PFAS. These home visits will happen three times, spaced about two years apart.

At each home visit to collect water, we will:

1. Ask you questions about your drinking water and home water treatment systems.
2. Collect at least one sample of your drinking water.

We will also ask your permission to use your Newborn Blood Spot, samples of your blood collected at birth, and link to other existing health records as part of this study. By linking your data with other health records, we will be able to improve our understanding about PFAS and health outcomes.

### POTENTIAL RISKS OR DISCOMFORT

Most studies like this have risks or reasons you might not want to participate. **If you have a bleeding disorder, are taking blood thinners, have anemia, have cancer, are undergoing treatment for cancer, or are taking medications to lower your blood sugar, please talk with your healthcare provider about giving a blood sample before participating in the study.** If you have these conditions or treatments, we will ask you to have your healthcare provider fill out the "Healthcare Provider Authorization Form" prior to coming to the study office appointments. Having your blood taken may be uncomfortable, make you dizzy or faint, or, very rarely, cause infection. Also, sometimes answering questions about your health may be uncomfortable.

### POTENTIAL BENEFITS

Most studies like this have benefits or reasons why you might want to participate. You may want to participate because you will get your blood PFAS and laboratory health test results. Also, you contribute to learning about your community's exposure to PFAS. Lastly, you may want to participate because this study could help expand public knowledge about PFAS, including the relationship between blood PFAS levels and health.

### CONFIDENTIALITY

We are collecting information about you, so there is a small risk to the confidentiality of the information you give us. We will protect the information you share with us to the fullest extent allowed by law.

Any reports or articles that are written about the study will only talk about group results. These materials will not include information that could identify you, such as your name or address.

### STUDY PARTICIPATION IS VOLUNTARY

Your participation is completely voluntary. If you decide to participate, you can change your mind and stop participation at any time. There is no cost to you to participate or to receive any of your study results.

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## QUESTIONS ABOUT YOUR RIGHTS

You may have questions about your rights as a study participant. MDHHS Institutional Review Board (IRB) protects people who take part in health studies like this. You may contact the IRB by phone: (517) 241-1928 or email: [MDHHS-IRB@michigan.gov](mailto:MDHHS-IRB@michigan.gov).

## QUESTIONS ABOUT THE STUDY

You may have questions about this study. If so, please call 844-464-7327 and ask for the MiPEHS study team.

## DETAILED INFORMATION

### STUDY PURPOSE

There are many things we can learn about from this study:

- How exposure to per-and polyfluoroalkyl substances (PFAS) in drinking water relates to the levels in people's blood.
- How PFAS levels in people's blood could be related to health.
- If a blood sample taken from your arm and a blood sample taken from your finger have similar PFAS test results.
- If PFAS exposure during pregnancy is related to birth outcomes, like low birth weight.
- If people's polychlorinated biphenyls (PCBs) in blood changes the relationship between PFAS levels and health.

### BACKGROUND

PFAS are a large group of man-made chemicals that are fire-resistant and repel oil, stains, grease, and water. They are used in fire-fighting foams, stain repellants, nonstick cookware, waterproof clothing and shoes, fast food wrappers, personal care products, and many other consumer goods. Most of these chemicals do not break down easily in the environment.

Research is ongoing to understand the effects PFAS might have on health. Having PFAS exposure or PFAS in your body does not mean you will necessarily have health problems now or in the future. Most people in health studies do not have health effects, even when exposed to high amounts of PFAS. Some health studies have found health effects linked to some PFAS such as:

- Decreased chance of a woman getting pregnant.
- Increased chance of high blood pressure in pregnant women.
- Increased chance of thyroid disease.
- Changed immune response.

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- Increased cholesterol levels.
- Increased chance of cancer, especially kidney and testicular cancers.

For more information on PFAS, please see the fact sheet "Per- and Polyfluoroalkyl Substances (PFAS) in Drinking Water" included in your invitation packet. This fact sheet can also be found at [https://www.michigan.gov/documents/pfasresponse/PFAS\\_in\\_Drinking\\_Water\\_624844\\_7.pdf](https://www.michigan.gov/documents/pfasresponse/PFAS_in_Drinking_Water_624844_7.pdf).

PCBs are a mixture of chemicals that were used in electrical equipment like transformers and were also found in hydraulic oils. PCBs are no longer produced in the USA, but PCBs are still found in the environment.

Some health effects linked to PCB exposure are the same as health effects linked to PFAS exposure. For more information on PCBs please see the ATSDR's fact sheet at <https://www.atsdr.cdc.gov/toxfaqs/tfacts17.pdf>.

## STUDY PARTICIPATION

You are invited to participate if you meet one of the following criteria:

- Currently live in the City of Parchment or Cooper Township study area and your well or municipal water supply was a source of your drinking water between 2005 and 2018
- Currently live in the Belmont/Rockford study area and have had your private drinking well water tested by or at the direction of a State of Michigan Agency and that well was a source of your drinking water between 2005 and 2018
- Are a current or former dependent of an adult that lives at an eligible household, and you drank that household's water between 2005 and 2018

## WHAT TO EXPECT

We are asking you to attend three appointments at a study office. This is an MDHHS study, but you may notice that staff at the study office will be from RTI International and Frontline National. The appointments will begin in 2020 and future appointments will be about two years apart. Each appointment will be up to 90-minutes.

For selected households, we ask you to schedule three visits to your home where an MDHHS employee, a sanitarian, will collect sample(s) of your household's drinking water for PFAS. These home visits will happen soon after each of your study office appointments. That means the home visit, like the study office appointments, will be about two years apart.

Your study participation will end after the third visit to the study office (or third home visit, if selected).

### Before Each Appointment at the Study Office

We will mail you a confirmation package with information for your appointment. The first package will also include the informed consent paperwork (this form). You will be asked to complete a health and behavior survey as part of this study. We will ask questions about ways you might encounter PFAS such as the water

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you drink, the foods you eat, and the type of work you do. We will also ask some questions about your health. One participating adult from your household will be asked to complete an additional part of the survey on household water filters. Your confirmation package will include a code to complete these surveys on the internet. The confirmation package will also include a worksheet. The worksheet will help you gather some of the information that we will be asking about in the survey. The worksheet asks questions about medications you are currently taking.

Please complete the survey before your study office appointment. This survey will take about 30 minutes to complete.

Please do not eat or drink anything other than water for 8 hours before each of your appointments. It is okay to take any medications with water. The reason you will need to fast is that eating and drinking anything besides water could affect the levels of what we are testing for in the blood.

If you have diabetes or have other medical needs, we will do our best to schedule your appointment as early in the morning as possible. If you must eat before your appointment because of a medical reason, please eat fat-free or low-fat foods. Please write down what you ate and the time that you ate it and bring this list to your appointment.

You will be required to bring a picture ID to your appointment. Please see the attached sheet: "Acceptable Forms of ID".

### At Each Appointment

We will:

1. Take all needed precautions following CDC guidelines to protect you, your family, and staff at the study office from exposure to infectious disease, including COVID-19. This will include asking you, and any person you bring to the study office, to wear a face covering if you are medically able.
2. Measure your blood pressure, height, weight, and around your waist (waist circumference).
3. Take a blood sample from your arm. You will have 53 milliliters (mL), about 3.5 tablespoons, of blood taken from a vein in your arm. We will use this blood to measure the amount of certain PFAS and PCBs in your blood. We will also use this blood to measure laboratory health tests, such as cholesterol and glucose levels. A full list of laboratory health tests is on the last page of this form.

We will not use your blood for alcohol, drug, or DNA testing.

4. Provide you gift card(s) as a thank you for your time and participation. After each appointment, you will receive a \$50 gift card for participating in the study, which means providing a blood sample from your arm and completing a survey.

At your first appointment, we will also take a blood sample from your finger.

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We will collect a few drops of blood from your finger and store them on a card. These cards will be stored at MDHHS's lab for up to 20 years. The blood spot samples will be used for MDHHS study purposes only. We will not use your blood for alcohol, drug, or DNA testing. We will collect this current blood spot for two reasons:

- We want to understand the difference between PFAS measured from whole blood, meaning cells and serum, taken from your finger and PFAS measured from a part of the blood, serum, taken from a vein in your arm. Different levels of PFAS may be found in whole blood compared to serum. By comparing these PFAS results, we will learn more about the ways to test for PFAS in future studies.
- To learn how the amount or type of PFAS in blood stored on a card may change over time. This will help us use PFAS testing results from blood collected at birth (newborn blood spots). See the "Michigan Newborn Blood Spot" section below for more detail.

After the first appointment, you will also receive a \$5 gift card for providing a blood sample from your finger.

#### After Your Study Office Appointment

We may contact you in the future if we have more questions or have information about the study to provide to you. If there is a public health need, MDHHS may ask you to participate in a new study.

#### Collection of water samples

Not every household in the study will have sample(s) of their drinking water collected.

For selected households, we will schedule a home visit for a trained MDHHS sanitarian to collect sample(s) of your household's drinking water for PFAS testing. This will happen three times, one home visit after each of your study office appointments. Each home visit will take about 30 minutes. An adult (18 years of age or older) must be present at this visit.

During this visit, the MDHHS sanitarian will:

1. Ask questions about your water filters and record information (including photos, if needed) about the plumbing and water treatment systems in your home.
2. Collect a water sample or samples to test for PFAS.

For homes with filters, a water sample will be collected of the water before it is filtered and after it is filtered. For homes without a filter, one water sample will be collected.

#### Your test results:

##### *Your Blood Test Results*

You can choose to receive the results for PFAS and PCBs measured in your blood. You will receive the results for all your laboratory health tests (e.g., cholesterol, glucose, etc. measured in your blood).

If you have questions about this study, please call 844-464-7327.

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For this study, PFAS and PCB results from your blood test can only tell you what the levels were at the time your blood was drawn.

MDHHS will not be able to tell you:

- All the sources of PFAS or PCBs to your body or how much of the PFAS in your body is from PFAS-contaminated water.
- About chemicals we did not test for.
- If these chemicals are harming your health.
- If these chemicals could harm your health in the future.

Your results will be mailed to you at the address you provide on the signature page. It may take up to 6 months to receive all of your blood test results. As soon as blood test results are available, we will send them to you. This could mean you receive several different result letters.

Based on your results for certain laboratory health tests, MDHHS may call you if we recommend that you speak to your healthcare provider right away. At the end of this consent form, please provide a phone number where we can reach you if needed. We will not leave your test results in a message or voicemail.

#### *Your Water Test Results*

PFAS water results will only tell you how much PFAS was in the water the day your water sample(s) was collected.

MDHHS will mail your water results to the address you provide on the signature page; this will be confirmed at checkout at your appointment. For multiple participants at the same address, we will send one water result letter per household. We will ask you to name one participant in your household at checkout to receive your household's water results (unless requested otherwise).

Results will be mailed when they are available, typically within 6 months. MDHHS will not provide you a water filter as part of this study. However, MDHHS may call you to provide recommendations based on your PFAS water results.

#### **Linking with existing records and samples**

MDHHS will use your personal information to link to other existing records as part of this study. By linking your data with other health records, we will be able to improve our understanding about PFAS and health outcomes. The other health records include those contained in the Michigan Care and Improvement Registry (MCIR), newborn screening records, birth certificate records, hospitalization billing records from the time of your birth, other MDHHS databases, and the North Kent County Exposure Assessment (NKCEA) during 2018-2019 (if applicable).



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### Michigan Newborn Blood Spot

We want to understand how prenatal exposure to PFAS could affect health. To measure PFAS in blood at the time of birth, we are asking permission to access your newborn dried blood spot sample. We will also measure two thyroid hormones, fT4 and TSH, in your newborn dried blood spot sample. This only applies if you were born in the State of Michigan on or after October 1, 1987. We will not use your blood for alcohol, drug, or DNA testing.

The State of Michigan requires newborn dried blood samples be collected at birth. These are used to learn if infants have rare diseases needing special care very early in life. Blood spots leftover after the screening are stored for quality assurance and can be made available for research through the Michigan BioTrust for Health (BioTrust). With your permission, we will use some of your newborn blood spots for this study. The newborn screening program keeps one blood spot for use only by you or your family in case of health reasons which cannot be used for research. You can learn more about the BioTrust at <http://www.michigan.gov/biotrust>.

A copy of your signed consent form will be shared with the BioTrust for approval to access your newborn blood spot. To access and locate your newborn blood spot, we will ask you to provide:

- Your name that was given at the time of your birth (name on your birth certificate).
- The sex you were assigned at birth.
- Your date of birth.
- Your birth mother's name at the time of your birth.
- Your birth mother's date of birth.
- The name and address of the hospital or birth center where you were born.

### RISKS AND BENEFITS

#### Potential Risks or Discomfort

Most studies like this have some risk. Risks could be reasons you might not want to take part in this study. MDHHS will take all needed precautions following CDC guidelines to protect you, your family, and staff at the study office from exposure to infectious disease, including COVID-19. This will include asking you, and any person you bring to the study office, to wear a face covering if you are medically able.

If you have a bleeding disorder, are taking blood thinners, have anemia, have cancer, are undergoing treatment for cancer, or are taking medications to lower your blood sugar please talk with your doctor about having your blood taken before participating in the study. If you have these conditions or treatments, we will ask for you to have your healthcare provider fill out the "Healthcare Provider Authorization Form" prior to coming to the study office appointments.

The blood draw will be like a blood test done at your doctor's office or a medical lab. You may feel a small amount of discomfort, feel dizzy or faint during the blood draw, and may later have a small bruise on your arm where the blood was taken. You may, although it's very rare, develop an infection where the blood was drawn. To reduce these risks, trained professionals will draw your blood.



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You may feel stress from participating in this study. You may find it stressful answering health questions, having your blood taken, having someone come into your home to collect a water sample, or receiving your test results. If you experience this, you may find it helpful to be in touch with your doctor, a counselor, or a mental healthcare provider. You or your health insurance company are normally responsible for the costs of healthcare.

We will protect the information you share with us and your results to the fullest extent allowed by law. You can read more about this in the CONFIDENTIALITY section below.

### Potential Benefits

Most studies like this have some benefits. Benefits could be reasons you might want to take part in this study.

A benefit may include getting your blood results following each of your study office appointments. You may want to share these results with your doctor. The results might help your doctor monitor your health in the future.

Another benefit may be learning about your exposure to PFAS and your community's exposure to PFAS. We may learn more about how people could decrease PFAS exposure from sources other than drinking water. This study could help us learn more about how PFAS blood levels could be related to health. Your participation will advance PFAS research in Michigan and nationwide.

### CONFIDENTIALITY

#### Protecting Your Privacy

MDHHS will keep a copy of your survey answers, blood test results, water test results (if tested), and contact information. Your information will be protected to the fullest extent allowed by law. However, we may be required to report things like abuse or neglect to the appropriate authorities, e.g., abuse of a child seen during the home visit.

While unlikely, MDHHS may need to take public health action due to your household's water PFAS results. In this unlikely event, we will share your home address with others in the MDHHS Division of Environmental Health; the local health department; the Michigan Department of Environment, Great Lakes, and Energy; and other state or federal agencies as needed. No survey answers or blood test results will be shared.

To protect your privacy, we will store your answers and test results using codes instead of your name. Your name and contact information will be kept separate from your answers and test results. We will keep any paper records in locked files at the study office. When we transport paper records, they will be placed in a lockbox, transported by a trained MDHHS employee, and then will be stored in locked files at the MDHHS office in Lansing, Michigan. Any electronic files with your information will be kept secure following MDHHS data storage protocols. Only a limited number of study staff at MDHHS will have access to your information and test results. As required by law, study staff cannot give your information and results to anyone without

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your permission. The only exception would be a need for MDHHS to take public health action as described above.

After testing your blood, there may be some of the blood sample remaining. We will store the remaining sample securely at the MDHHS Laboratory until the study is over, at which point it will be destroyed. We are keeping the remaining sample in case it needs to be re-tested. Access to the MDHHS Laboratory building is restricted and only certain staff can enter the laboratory.

Any reports or articles that are written about the study will only talk about group results. These materials will not include information that could identify you, such as your name or address.

### Researchers outside of MDHHS

We expect other researchers will request data and/or samples from this study to answer other questions about PFAS. We will ask you at the end of this form to select whether you want to allow permission for sharing your contact information, de-identified survey answers and test results, and de-identified samples (if requested prior to the end of the study).

If you give permission, MDHHS will remove all information that could identify you from your survey answers and test results. MDHHS would not need to obtain another consent from you before sharing this type of unidentifiable ("de-identified") information. Then, researchers that have an MDHHS IRB-approved study protocol and have completed a Data Use Agreement (meet MDHHS privacy and security requirements) will be able to get contact information, de-identified survey answers and test results, and/or de-identified samples from this study.

Some researchers may want to ask for survey answers and tests results that are connected to your name and contact information. MDHHS plans on having survey answers and test results connected to your name and contact information available after the study has ended. However, you will have the opportunity to decide if you want MDHHS to share identifiable information (survey answers, test results, and/or samples) with a researcher outside of MDHHS. We will not share your identifiable information and/or samples without your written permission. After you have given your permission, researchers that have an MDHHS IRB-approved study protocol and have completed a Data Use Agreement (meet MDHHS privacy and security requirements) will be provided your identifiable information and/or samples.

### STUDY PARTICIPATION IS VOLUNTARY

Your participation is voluntary. You decide if you would like to participate or not. Even if you agree to participate, you can change your mind and stop participating at any time. Your choice will not harm your relationship with MDHHS. Deciding not to participate or choosing to stop your participation will not result in a loss of your current benefits or services you may receive.

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To withdraw from the study, contact the study staff and let them know that you do not want to be part of the study from that point onward. Study staff may be reached by calling the Michigan PFAS Exposure and Health Study: Parchment, Cooper Township, and Belmont/Rockford area (North Kent County) at 844-464-7327. A study staff member will document your request to withdraw from the study and ask if you would share your reason for withdrawing.

Once you have withdrawn from the study, the study staff will not obtain any additional information about you or contact you about this study. You may be contacted for other MDHHS studies.

Unless you ask, the study staff will continue to use the information that was already obtained about you before you stopped participating. If you wish for your information and any samples to be destroyed, please tell this to study staff and we will destroy anything that we have. It will not be possible for MDHHS to destroy information that has already been shared with other researchers.

There is no cost for you to participate in this study. There is no cost to receive your blood or water results.

## QUESTIONS ABOUT THIS STUDY

If you have any questions about this study, please ask the staff at the study office. MDHHS has contracted with RTI International and Frontline National to operate the study office. You may also contact the MiPEHS study staff at:

Michigan Department of Health and Human Services  
Division of Environmental Health  
P.O. Box 30195  
Lansing, Michigan 48909  
Toll-free: 844-464-7327

## QUESTIONS ABOUT YOUR RIGHTS

For any questions about your rights if you participate in this study or about the oversight of this study, please contact the MDHHS Institutional Review Board (IRB). The IRB helps protect people who volunteer for studies like this. You can reach them at:

Institutional Review Board  
Michigan Department of Health and Human Services  
333 S. Grand Ave., P.O. Box 30195  
Lansing, MI 48909  
517-241-1928  
[MDHHS-IRB@michigan.gov](mailto:MDHHS-IRB@michigan.gov)

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## ADULT CONSENT SIGNATURE PAGE

By signing and providing my mailing address below, I am agreeing that I have read this form, or someone has read it to me, and I agree to participate in this study. I have been told about the purpose of the Michigan PFAS Exposure and Health Study: Parchment, Cooper Township, and Belmont/Rockford area (North Kent County). I have been given a chance to ask questions and my questions have been answered. I will complete questions A-D on the next page to complete my enrollment in this study.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (Print)

Street address		
Apartment or Unit		
City		
State	MI	
ZIP Code		
Primary Phone number	(    )	Home Mobile
Email address		

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**Please answer each question below.**

- A. Would you like to receive your PFAS (capillary, venous, and newborn bloodspot if applicable) and PCB (venous) blood results? The study staff is not able to determine if these chemicals will affect your health.
- ☐ YES, I would like my PFAS (capillary, venous, and newborn bloodspot if applicable) and PCB (venous) results. I understand these results will be mailed to the address I provided on the Adult Consent Signature Page.
- ☐ NO, I do not want my results. I do not want them mailed to me.
- B. Researchers outside of MDHHS interested in furthering PFAS research may want to contact you because you were part of this study. Researchers would need to have an IRB-approved study protocol and completed a Data Use Agreement before MDHHS would share your information with them. May we share your contact information (name, address, phone number, email address) with outside researchers who meet these standards?
- ☐ YES
- ☐ NO
- C. Researchers outside of MDHHS interested in furthering PFAS research may request de-identified data (information that does not have any identifying information connected to it) that was collected by MDHHS. Researchers would need to have an IRB-approved study protocol and completed a Data Use Agreement before MDHHS would share your information with them. May we share your de-identified data with outside researchers who meet these standards?
- ☐ YES
- ☐ NO
- D. Researchers outside of MDHHS interested in furthering PFAS research may request remaining blood samples (if any are still available when study is completed). These samples will be de-identified, which means that they will not have any identifying information connected to them. Researchers would need to have an IRB-approved study protocol and completed Data Use Agreement before MDHHS would give them any remaining blood samples. May we share your remaining blood samples that have been de-identified with outside researchers who meet these standards?
- ☐ YES
- ☐ NO

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**Access and use of your newborn blood spot from the Michigan BioTrust Health Program**

This only applies if you were born in the State of Michigan on or after October 1, 1987.

- ☐ YES, I permit MDHHS to access my newborn blood spot from the Michigan BioTrust for the MiPEHS study.
- ☐ NO, I do not permit MDHHS to access my newborn blood spot from the Michigan BioTrust for the MiPEHS study. If you check NO, please do not sign or complete anything else on this form.

**Complete ONLY if you answered "YES" above and permit MDHHS to access your newborn blood spot.**

First and Last Name of Participant at Time of Birth	
Participant's birth date (month/day/year)	
Participant's Sex Assigned at Birth	
Participant's Birth Mother's First and Last Name at time of birth	
Participant's Birth Mother's birth date (month/day/year)	
Name of Birth Hospital /Center	
Street Address of Birth Hospital/Center	
City of Birth Hospital/Center	
ZIP Code of Birth Hospital/Center	

By signing this form, I authorize the release of my newborn blood spot and accompanying data to the MDHHS MiPEHS study team.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (Print)

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*For staff use only:*

*By signing below, I am agreeing that I have:*

- ✓ *Confirmed, to the best of my ability, that the participant has an understanding of the purpose and what to expect from their participation in the Michigan PFAS Exposure and Health Study: Parchment, Cooper Township and Belmont/Rockford area (of North Kent County).*
- ✓ *Offered an opportunity to answer the participant's questions and have answered, as best as I could, any questions the participant asked.*
- ✓ *Read the form in its entirety to them, if needed.*
- ✓ *Verified the signature on this form and that the form is completely filled out.*

\_\_\_\_\_  
*Staff Member Verifying Consent (Signature)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Member Verifying Consent (Print)*



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Laboratory Health Tests			
<b>Lipids</b> <ul style="list-style-type: none"> <li>- Total cholesterol</li> <li>- Triglycerides</li> <li>- Low-density lipoprotein (LDL)</li> <li>- High-Density Lipoprotein (HDL)</li> </ul>	<b>Thyroid hormones</b> <ul style="list-style-type: none"> <li>- Thyroid Stimulating Hormone (TSH)</li> <li>- Free Total Thyroxine (fT4)</li> <li>- Total Thyroxine (TT4)</li> <li>- Total Triiodothyronine (TT3)</li> </ul>	<b>Blood sugar/Glycemic parameters</b> <ul style="list-style-type: none"> <li>- Glycosylated hemoglobin (HbA1c)</li> <li>- Glucose, fasting, 8-hour</li> <li>- Insulin</li> <li>- Glutamate Decarboxylase -65 (Anti-GAD 65)</li> <li>- Tyrosine Phosphatase-like Protein Autoantibodies (Anti-IA2)</li> </ul>	<b>Sex hormones</b> <ul style="list-style-type: none"> <li>- Testosterone</li> <li>- Estradiol</li> <li>- Sex hormone-binding globulin (SHBG)</li> <li>- Follicle Stimulating Hormone (FSH)</li> <li>- Insulin Growth Factor (IGF-1)</li> </ul>
Liver Tests			
<ul style="list-style-type: none"> <li>- Alanine transaminase (ALT)</li> <li>- Alkaline phosphatase (ALP)</li> <li>- Gamma-glutamyl transferase (GGT)</li> <li>- Non-alcoholic fatty liver disease: CK-18 M30 &amp; CK-18 M65</li> </ul>		<ul style="list-style-type: none"> <li>- Aspartate transaminase (AST)</li> <li>- Albumin (Alb)</li> <li>- Total bilirubin (TBIL)</li> <li>- Direct bilirubin (Conjugated Bilirubin)</li> </ul>	
Kidney Tests			
<ul style="list-style-type: none"> <li>- Uric Acid</li> <li>- Creatinine (to estimate glomerular filtration rate {eGFR})</li> </ul>			
Antibody/Autoimmune Titers			
Immunoglobulin (Ig) A, Ig G, Ig M, Ig E <b>For minors only:</b> antibodies to measles, mumps, rubella, tetanus, and diphtheria <b>Adults only:</b> Rheumatoid factor (RF), Antinuclear Antibody (ANA) screen, Antinuclear Antibody (ANA) titer			