

**Transfer of Michigan Long-Term Poly-brominated Biphenyl (PBB) Study records Consent Form  
From  
Michigan Department of Health and Human Services (MDHHS)  
Division of Environmental Health (DEH)  
To  
Emory University Rollins School of Public Health's PBB Study**

**What is the purpose of this consent form?**

The purpose of this form is for you to give written consent for the Michigan Department of Health and Human Services (MDHHS) to search for and, if found, share your Michigan Long-term Poly-brominated Biphenyl (PBB) Study records with Emory University Rollins School of Public Health's PBB Study for research purposes.

**What is the Michigan Long-Term PBB Study?**

An accident put the chemical PBB into some Michigan livestock feed in 1973. Some food products ended up with PBB in them. Without knowing, people ate the food containing PBB. Some of these people volunteered for a study. MDHHS studied this group's health for many years. The study helped MDHHS learn about the long-term health effects of PBB.

**About the consent process**

The next page asks for your consent to allow MDHHS to search their Michigan Long-Term PBB study files for your records. If found, your records will then be shared with Emory University Rollins School of Public Health's PBB Study, and you will be sent a letter by MDHHS notifying you of such actions. Emory will use the records in their PBB research. Your records may be on paper, microfilm, or in electronic form. If you do not wish to consent, then you do not need to sign this consent form. Doing nothing means you are choosing to not be included in the research that Emory University is doing.

**What happens if I consent to share my records with Emory University?**

- Your full name, contact information, and your social security number (if available) will be shared with Emory University.
- All your available study records will be shared with Emory University. These may include health information like past lab test results, PBB exposure information, and past medical records.
- Your shared records will be used to study PBB health effects by Emory University through their PBB Study. For more detail on Emory's ongoing research go to their webpage ([www.pbbregistry.emory.edu](http://www.pbbregistry.emory.edu)).
- Emory University will send you information about the results of their research.
- You can request that Emory share your PBB study records with you and your doctor.
- Emory University will invite you to participate in PBB community meetings. Meetings can 1) answer any questions you have about the research Emory University is doing and 2) allow you to provide input for possible future research.
- You will learn about any future research studies. Emory may ask if you want to participate. You can choose to participate or not at that time.

**What happens if I do NOT agree to share my records with Emory University?**

- Your name, contact, or any identifying information will not be shared with Emory University.
- You may be asked to transfer your records in the future by Emory University.

**Emory University's Certificate of Confidentiality**

Emory University researchers have a Certificate of Confidentiality from the National Institutes of Health (NIH) to help protect your privacy. The researchers can use this Certificate to legally refuse to share information with anyone that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, such as a court subpoena. This Certificate prevents Emory University from sharing your PBB study records that would identify you with anyone **except** for the following reasons:

- Requests from a United States federal or state government agency sponsoring the project for example

from the National Institutes of Health (NIH) or the Centers for Disease Control and Prevention (CDC). These requests will be used for auditing or program evaluation of agency funded projects.

- Requests as required by Federal, State, or local laws.

The Certificate of Confidentiality does not prevent you or a member of your family from choosing to share information about yourself or your involvement in this research with anyone you want. The researchers will not use the Certificate to deny sharing your research information with someone you have given written permission to receive it, including an insurer or medical care provider. For more information about the Certificate of Confidentiality see NIH's website (<https://grants.nih.gov/policy/humansubjects/coc/what-is.htm>). Sharing your PBB study records with Emory University is completely voluntary. There is no penalty for not sharing your records.

**Transfer of PBB Records Consent Signature**

By signing and providing the information below, I am agreeing that I have read this form, or someone has read it to me, and I agree to have MDHHS search their Michigan Long-Term PBB Study records, and if my records are found, share all records with Emory University Rollins School of Public Health's PBB Study. Further, I understand that:

- My Michigan Long-Term PBB study records may be used for research by Emory University.
- Emory University will send me information about the results of their research.
- Emory University will invite me to participate in PBB community meetings.
- Emory University may invite me to participate in other research studies in the future.

By my signature, I attest that the information I have provided is true and accurate to the best of my knowledge. Falsifying an application and/or assuming the identity of another person may subject an individual to criminal penalties.

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**Your First and Last Name (Please Print)**

**Primary Telephone Number**

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**Previous Names You Have Had/Used (e.g., maiden name)**

**Your Birthdate (Month/Day/Year)**

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**Your Signature**

**Today's Date (Month/Date/Year)**

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**Street Address**

**City**

**State**

**ZIP**

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**Your PBB ID # *if known* (i.e., the unique study identifier originally assigned to you by the state health department)**

**Email Address**

Would you like to be sent a copy of this signed form for your records (**Please check the box**)?  **Yes**  **No**

**Please mail this transfer form to Emory University's PBB research address below, and contact the following for questions about each topic below:**

**Emory University's PBB research:**

Dr. Michele Marcus  
Emory University  
1518 Clifton Rd. NE (CNR 4045)  
Mailstop 1518-002-3BB  
Atlanta, GA 30322  
Phone: (888) 892-0074

**The transfer consent process:**

Michigan Department of Health and Human Services (MDHHS)  
Division of Environmental Health - PBB cohort  
P.O. Box 30195  
Lansing, MI 48909  
Phone: (517) 335-8350

**Your rights as a research participant:**

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