**EMPLOYER CERTIFICATE OF INFORMED CONSENT**

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| **Study description** |
| Title: | HBM4EU occupational biomonitoring study on chromium and other harmful chemicals | Code: |   |

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| **Researcher identifier** |
| Name: |  | Telephone: |  |
| Institution: |  | Email: |  |
| **Company information** |
| Name: |  |  |  |
| Street Address: |  | Telephone: |  |
| Country: |  | Email: |  |
| **Company contact person** |
| Name: |  | Telephone: |  |
| Position: |  | Email: |  |

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| Company Code |  | Initials |
| 1 | I have read the companion “Information for participating companies” leaflet. I have had the opportunity to consider the information, ask any questions regarding it and have received satisfactory answers. |  |
| 2 | I understand that my company’s participation is voluntary and we are free to withdraw at any time without giving any reason, and without my company’s legal rights being affected. The HBM4EU research team will retain the right to use any samples collected from the workers prior to the withdrawal in a confidential manner. |  |
| 3 | I understand that my company will not benefit financially from taking part in this study. |  |
| 4 | I consent that the HBM4EU research team will enter my company’s premises to collect biological and industrial hygienic samples and exposure related information from workers who have agreed to participate in this study by signing their own consent form.  |  |
| 5 | I confirm that my workers’ salary will not be affected due to their participation in this study, which will take place during working hours.  |  |
| 6 | I consent to the use of cameras by the HBM4EU research team as follows:□ I **do not** give permission for any photography during the research visit□ I give permission for photography to document work areas and practices, under the condition that the photographs will be blurred to protect the identity of my company and my workers in any published reports.  |  |
| 7 | I understand that my company has the right to receive the *collective* chromium biomonitoring results of our workers via the nominated company contact, but will *not* receive *individual* results. I indicate my company’s preference as follows:□ My company wishes to **receive the collective biomonitoring results of our workers** □ My company does **not to** wish to receive the collective biomonitoring results of our workersMy company will also receive electronic copies of our company specific industrial hygienic report and the overall findings of this research study. |  |

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| Name and position of company representative | Date | Signature of Company Representative |