

Two reader process for chest X-rays: consent form

Department of Natural Resources and Mines

Health Surveillance Unit

PO Box 467

Goodna QLD 4300

Email: HSU@dnrm.qld.gov.au

Phone: 07 3818 4520

Name: (first, middle, surname)	
Date of birth: (dd/mm/yyyy)	
Date chest X-ray taken: (dd/mm/yyyy)	

I acknowledge that:

- I have been provided with a fact sheet that explains the two-reader process for chest X-rays.

I consent to DNRM releasing my:

- Name;
- Date of Birth;
- Electronic chest X-ray file; and
- Any report by a NIOSH qualified Australian B-reader

to the University of Illinois at Chicago (UIC), to read my X-ray to the International Labour Organization International Classification of Radiographs for Pneumoconioses (ILO classification).

I understand that:

- Only NIOSH qualified B-readers will read my X-ray to provide an ILO classification.
- My personal information, chest X-ray file and report will only be given to UIC for the purpose of providing an ILO classification.
- The ILO classification provided will only be used for screening and health surveillance purposes.
- My personal information, chest X-ray file and report will not be retained by UIC.
- My personal information, chest X-ray file and report will not be given to other parties unless I provide my consent or as is required by law.
- Once my chest X-ray has been read, the ILO classification will be returned to the referring medical practitioner.
- If the image quality of my chest X-ray is such that the X-ray cannot be read, I may be required to undertake a repeat chest X-ray.

Signature: _____ **Date:** ____/____/____