

Appendix 6: Informed Consent for Focus Group Participants

About This Project

We have asked you to join a focus group. The group will have up to eight other people. We will discuss educational materials about HIV vaccine research. The group will last about 2 hours. A trained person will lead it. This set of focus groups is authorized by the National Institutes of Health and the Public Health Service Act.

We will audio-tape the group. Additionally, some team members may watch the groups. Later, they will listen to the tapes. They will write down what was said, and this information will be used to make a report. It will also help us to make more effective educational materials. However, no one outside of this project will listen to the tapes.

We will keep what you say private unless we are required by law to disclose it. We will NOT put your name in the report or on the tapes. We will keep the tapes in a locked cabinet. The tapes will be destroyed by July 2012.

There will be no risk to you. You do not have to answer questions that you don't want to. You may stop at any time. You will receive \$75 for your participation.

The National Institute of Allergy and Infectious Diseases is the sponsor of this project. The Academy for Educational Development is helping with the project.

If you have any questions, please ask them now. If you have questions later, please call Elyse Levine at (202) 884-8913. You may ask her about your rights as a project participant. If no one answers, leave a message and someone will call you back soon.

Thank you for your time!

Public reporting burden for this collection of information is estimated to average 120 minutes per response. This time includes the length of time allotted for a focus group. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN; PRA (0925-0585). Do not return the completed form to this address.

Participant Consent

My signature confirms that I have read the “**About This Project**” page. I understand my rights as a participant. I agree to take part in today’s discussion. I understand that the group will discuss HIV vaccine research educational materials. I agree to be audio-taped and observed by team members. I realize that only the people working on this project will listen to the tapes.

I understand that my name will NOT be used in the report or any other products. No other information that could identify me will be used either.

Signature: _____

Name (*Please print*): _____

Date: _____