

Attachment 2: Written Informed Consent Form

Identification of Project	Usability Testing of NCCOR [Catalogue of Surveillance Systems / Measures Registry]
Statement of Age of Subject	I state that I am at least 18 years of age, in good physical health, and wish to participate in a program of research being conducted by David Berrigan in the Applied Research Program of the National Cancer Institute, Rockville, MD 20852.
Purpose	The purpose of this research is to determine the effectiveness and usability of the NCCOR [Catalogue of Surveillance Systems / Measures Registry] website.
Procedures	Participants will be asked explore the website to ensure that users can complete their tasks effectively and easily. They will also be asked to reflect on the appropriateness and usability of the website's content and navigation. The total time involved, including instructions will be no more than 60 minutes.
Confidentiality	All information collected in this study will be kept private to the extent provided by law. I understand that the data I provide will be grouped with data others provide for the purpose of reporting and presentation and that my name will not be used. I understand that the usability test will be videotaped but my voice/image will not be shown to others besides the research team without my written permission.
Risks	I understand that the risks of my participation are expected to be minimal in nature.
Benefits, Freedom to Withdraw, & Ability to Ask Questions	I understand that this study is not designed to help me personally but that the investigators hope to improve the website to make it more user-friendly and more easily navigated. I am free to ask questions or withdraw from participation at any time and without penalty.
Contact Information of Investigators	Name: David Berrigan Position: Biologist Address: Applied Research Program Division of Cancer Control and Population Sciences 6130 Executive Blvd, EPN 4005 Bethesda, MD 20892 FAX: 301-435-3710 Telephone: 301-496-8500 Email: berrigad@mail.nih.gov

Printed Name of Research Participant _____

Signature of Research Participant _____

Date _____