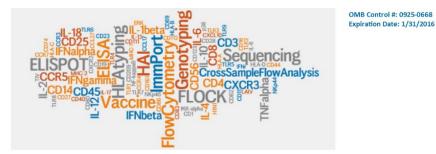
Page 1



ImmPort Customer Satisfaction Survey For Data Users

Burden Disclosure:

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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# 0925-0668. Do not return the completed form to this address.

Please enter the email address where you received the invitation to this survey and the password provided in that email (NOTE - Skip for testing: needs to be activated):

Survey Tips:

- · For best functionality and appearance, use the most recent version of your web browser.
- To navigate the survey, use the buttons at the bottom of each survey page that read "Next Page" or "Previous Page" to navigate the survey.
- For technical assistance, please contact Jennifer Sargent (jsargent@madrillongroup.com or 888-236-9826, toll free).

Next Page

0%

Save and continue survey later

OMB Control #: 0925-0668 Expiration Date: 1/31/2016



ImmPort Customer Satisfaction Survey For Data Users

Informed Consent Form

Identification of Project

ImmPort Customer Satisfaction Survey for Data Users

Statement of Age of Subject

I state that I am at least 18 years of age and wish to participate in a survey being conducted by the National Institute of Allergy and Infectious Diseases (NIAID), Bethesda, MD 20892.

Purpose

The purpose of this survey is to determine how the ImmPort System can be improved.

Procedures

Participants will be asked to access a web-based questionnaire and complete the questionnaire by a specific date. The total time involved, including instructions, will be no more than 20 minutes.

Confidentiality

All information collected in this survey will be kept secure to the extent permitted by law. I understand that the data I provide will be grouped with data that others provide for the purpose of reporting and presentation, and that my name will not be used.

Risks

I understand that the risks of my participation are expected to be minimal in nature.

Benefits, Freedom to Withdraw, & Ability to Ask Questions

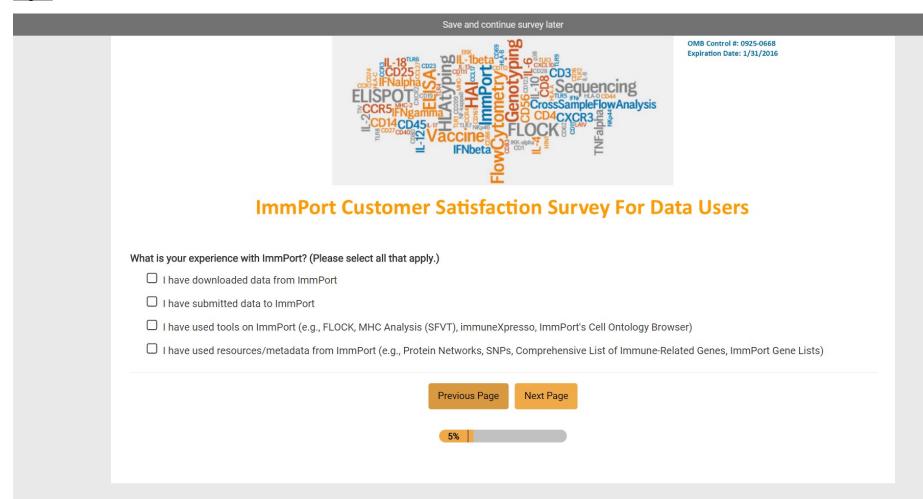
I understand that this survey is not designed to help me personally but that the investigators hope to learn about overall usage and satisfaction with the ImmPort System; and obtain feedback on users' experiences with the website and input on challenges and areas for improvement. I am free to ask questions or withdraw from participation at any time and without penalty. I understand that participation in this survey is voluntary.

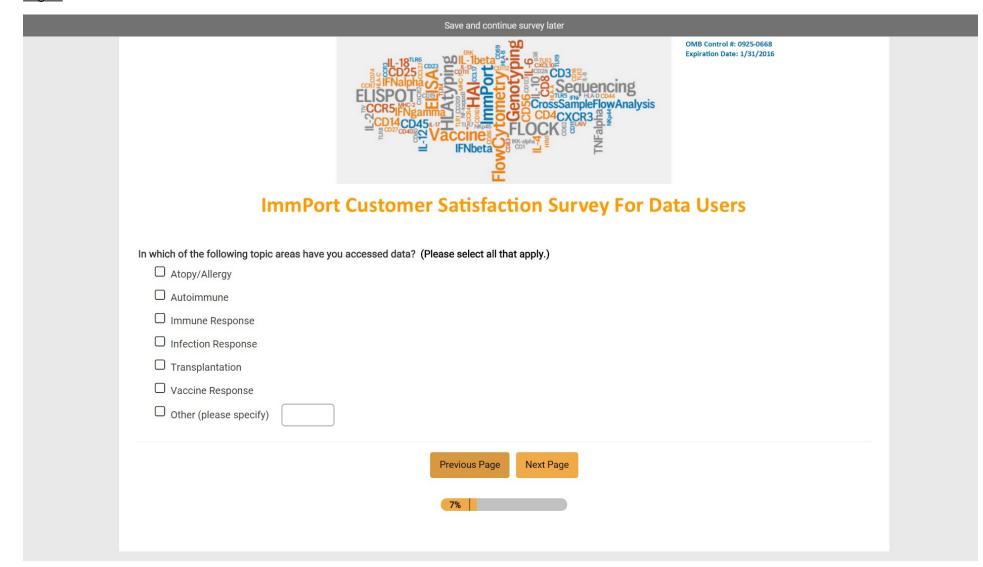
Contact Information

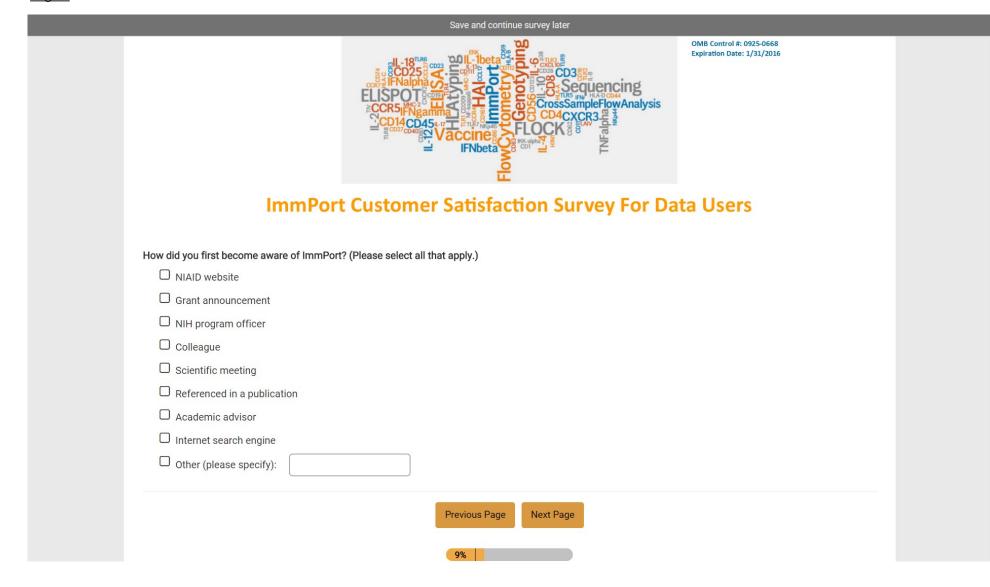
For questions regarding the survey, please contact Liberty Walton (waltonla@niaid.nih.gov). If you have any technical questions and/or have difficulty accessing the survey please contact Jennifer Sargent (jsargent@madrillongroup.com or 888-236-9826, toll-free).

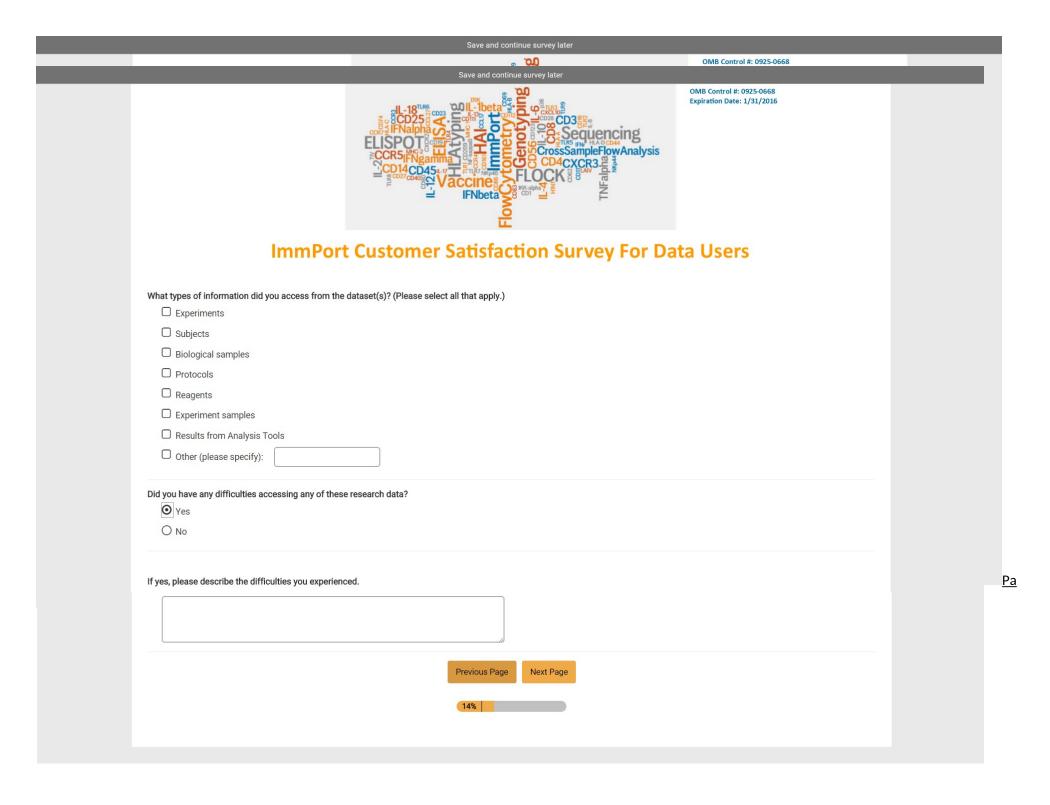
Agreement to Consent *

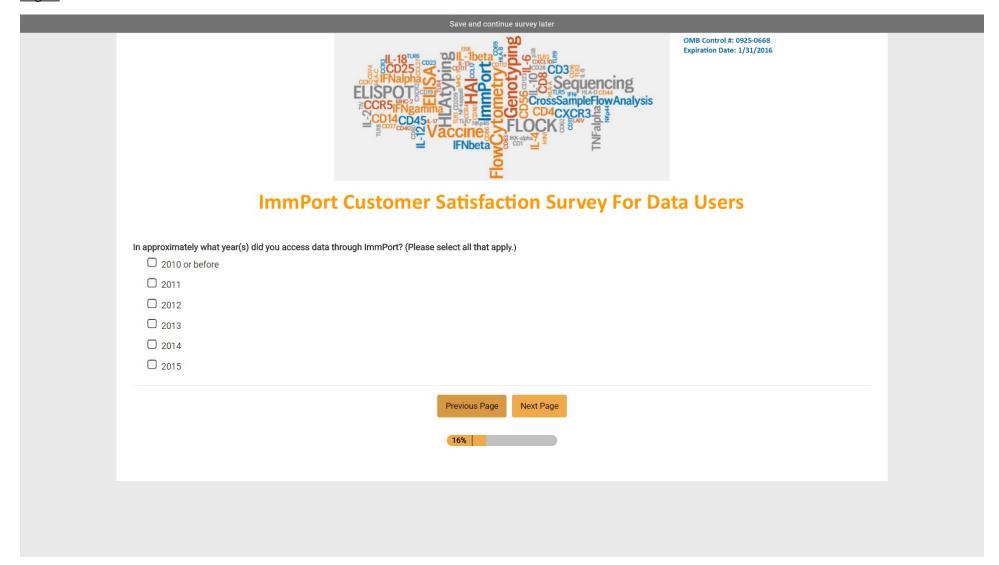
- O I have read the information about this study, and I <u>agree</u> to participate in this survey.
- O I have read the information about this study, and I do not wish to participate in this survey at this time.

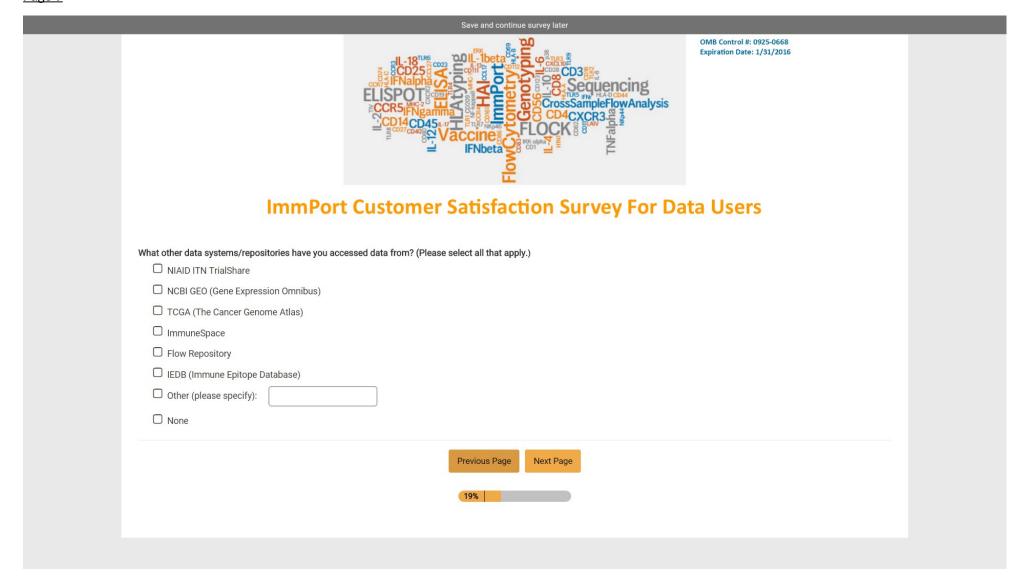




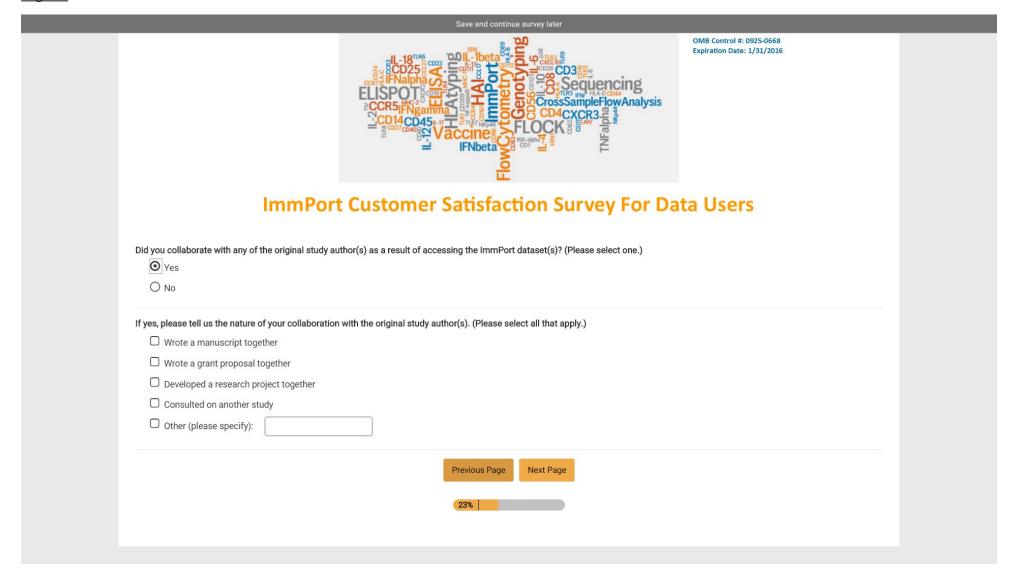


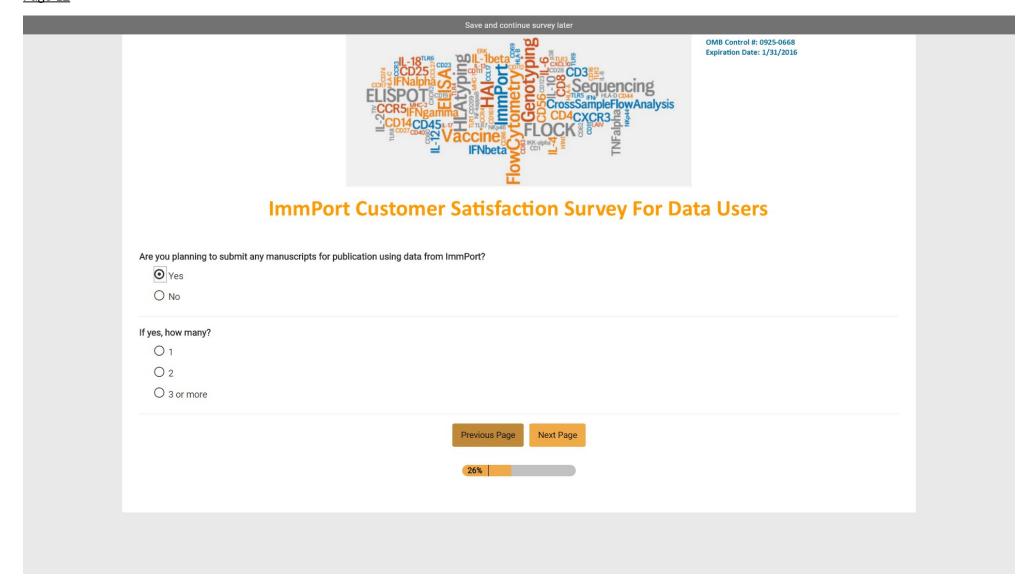


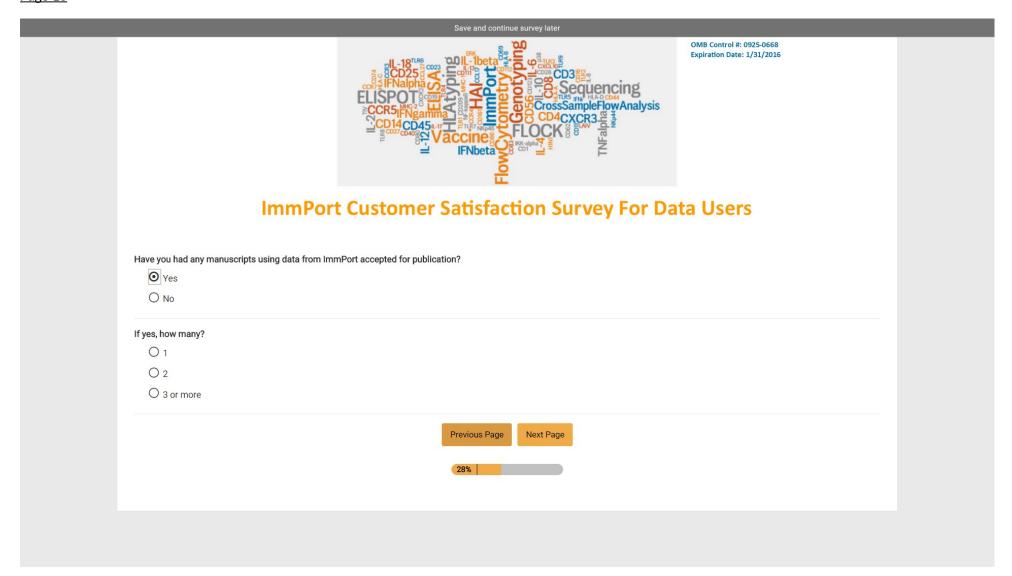


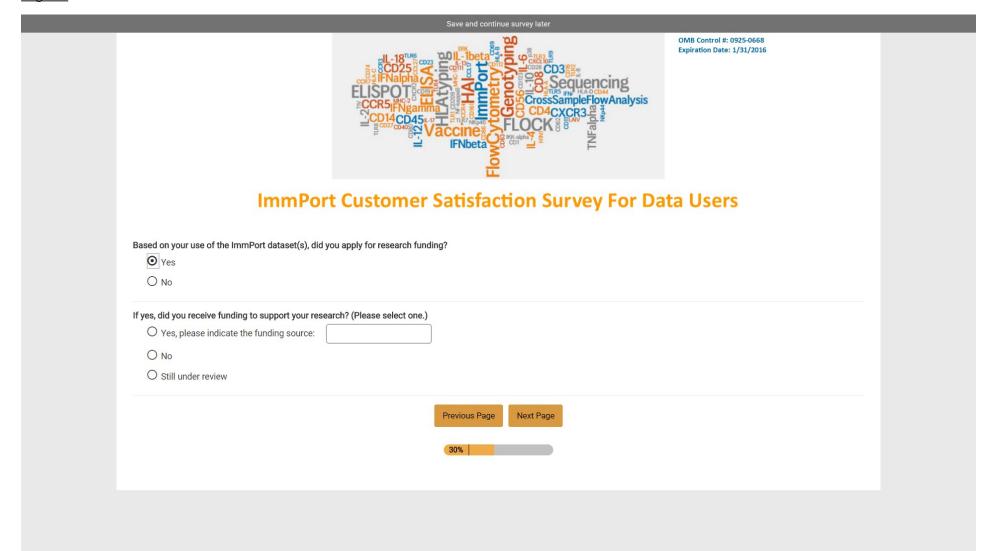


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			mer Satisfaction Survey For Data Users ccess, browse, or use data from ImmPort? (Please select one in each row.)
,	Yes	No	,
Accessing data from ImmPort	0	0	
Browsing data from ImmPort	0	0	
Using data from ImmPort	0	0	
If yes, please explain the obstacles th	hat you encount	ered	









ImmPort Customer Satisfaction Survey For Data Users ow satisfied were you with the time and effort required to complete the following actions?: (Please select one in each row.) Very Somewhat Somewhat			co	IL-18 ^{TLR6} SCD25 SCD25 FNalpha		tryging of the state of the sta	sequenci	ing	Expiration Date: 1/31/2016
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