

RS10 - Payment Receipt

Population Assessment of Tobacco and Health (PATH) Study Payment Receipt

Print Participant's Name: _____

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) appreciate your participation in the PATH Study. Please accept the following payment(s) as a thank you for participating.

Adult Participant

- Payment of \$35 on a debit card will be made to you for the adult interview.
- Payment of \$25 on a debit card will be made to you for providing ~~cheek cells and~~ a urine sample at an interviewer visit.
- Payment of \$25 on a debit card will be made to you for providing a blood sample at a health professional visit.

By signing below, you acknowledge receipt of a debit card that you will use for this study. Each time you participate in an interview or give a sample, we will make additional payments to you. Remember that participating in all or any part of the study is fully voluntary.

Participant's Signature:

Interviewer's Signature:

____ / ____ / ____
Month / Day Year
Year

____ / ____ / ____
Month Day

Note: Please allow 3 business days for your debit card to be activated. Your card will be active for 36 months. **After 2 months, if any money is still on the card, a \$3 fee will be deducted from it each month.** You will be charged \$1 for each bank teller cash withdrawal; you will be charged \$1 each time you get cash back from a debit purchase.

Please call our toll-free number, 1-888-311-1819, weekdays between 9:00 am and ~~9:00~~ ~~5:30~~ pm Eastern Time, if you have concerns or questions.