**ATTACHMENT 9: INCENTIVE RECEIPT**

**U.S. Food and Drug Administration**

**and**

**RTI International**

Thank you for participating in the RESPECT Study. In appreciation of your participation in this important study, you are eligible to receive $10 in cash. Since maintaining the privacy of your information is important to us, please only put your initials on this form. The researcher will sign and date this form to certify you received (or declined) the cash incentive.

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Initials Researcher Date Case ID

 □ Accepted Cash Incentive □ Declined Cash Incentive

**OMB No: 0910-XXXX Expiration Date: XX/XX/XXXX**

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