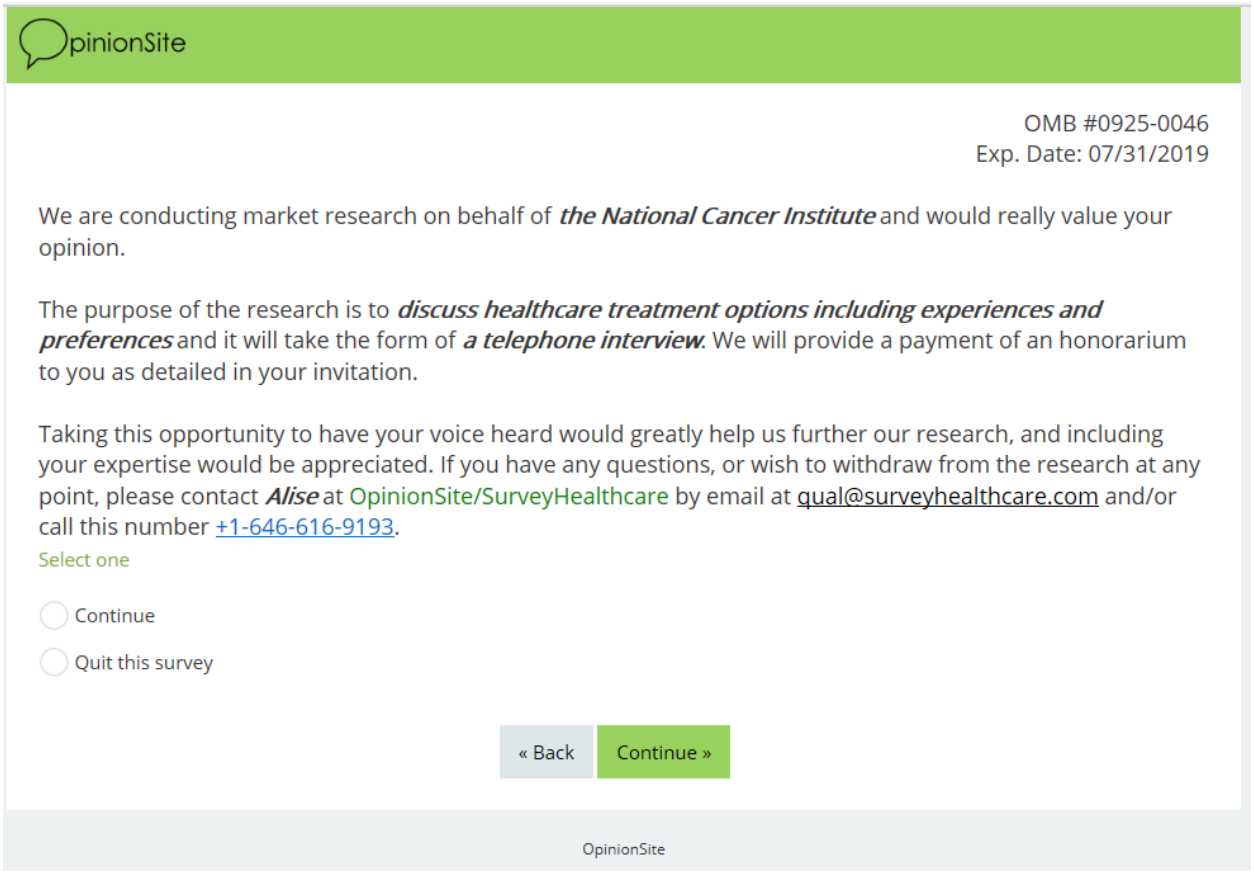
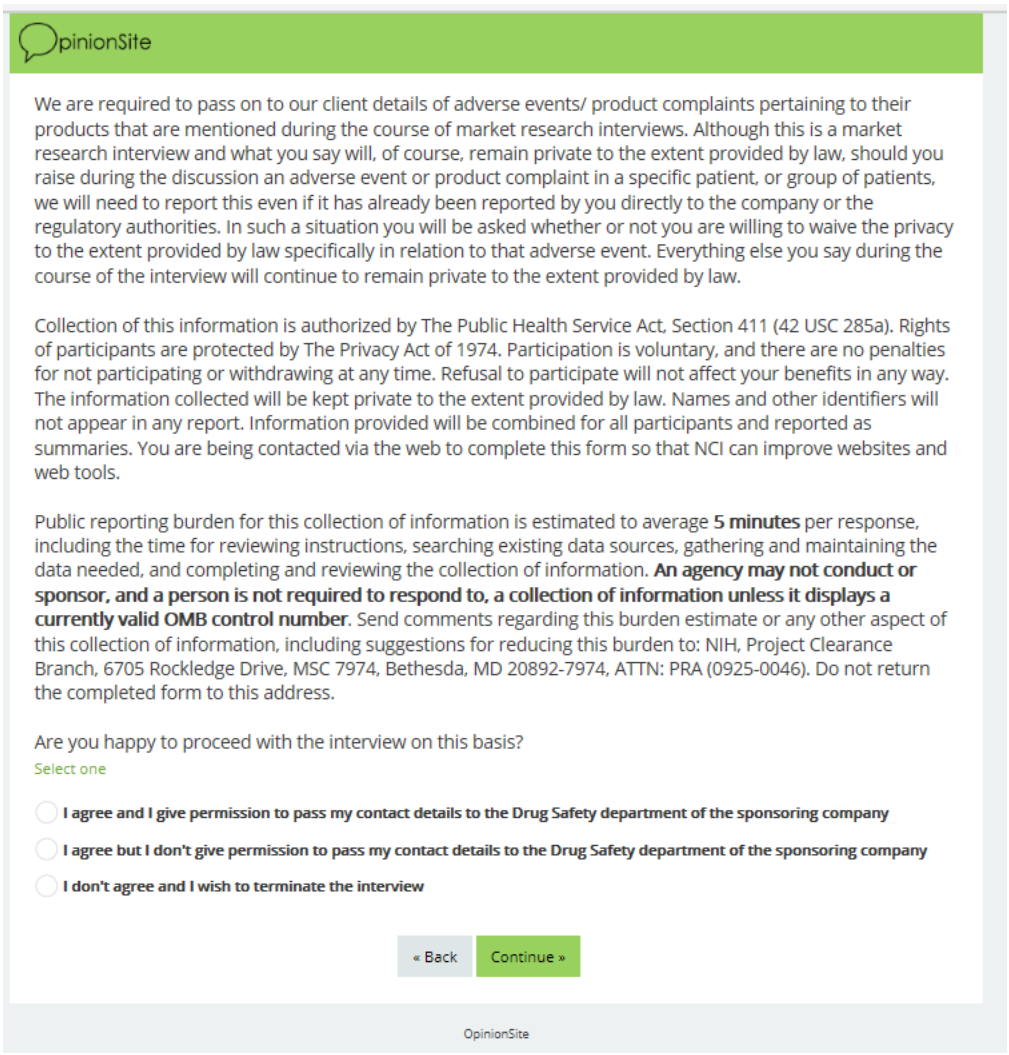
Non-Onc Clinician

Intro





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We are required to pass on to our client details of adverse events/ product complaints pertaining to their products that are mentioned during the course of market research interviews. Although this is a market research interview and what you say will, of course, remain private to the extent provided by law, should you raise during the discussion an adverse event or product complaint in a specific patient, or group of patients, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities. In such a situation you will be asked whether or not you are willing to waive the privacy to the extent provided by law specifically in relation to that adverse event. Everything else you say during the course of the interview will continue to remain private to the extent provided by law.

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information provided will be combined for all participants and reported as summaries. You are being contacted via the web to complete this form so that NCI can improve websites and web tools.

Public reporting burden for this collection of information is estimated to average **5 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 (0925-0046). Do not return the completed form to this address.

Are you happy to proceed with the interview on this basis?

Select one

- **I agree and I give permission to pass my contact details to the Drug Safety department of the sponsoring company**
- **I agree but I don't give permission to pass my contact details to the Drug Safety department of the sponsoring company**
- **I don't agree and I wish to terminate the interview**

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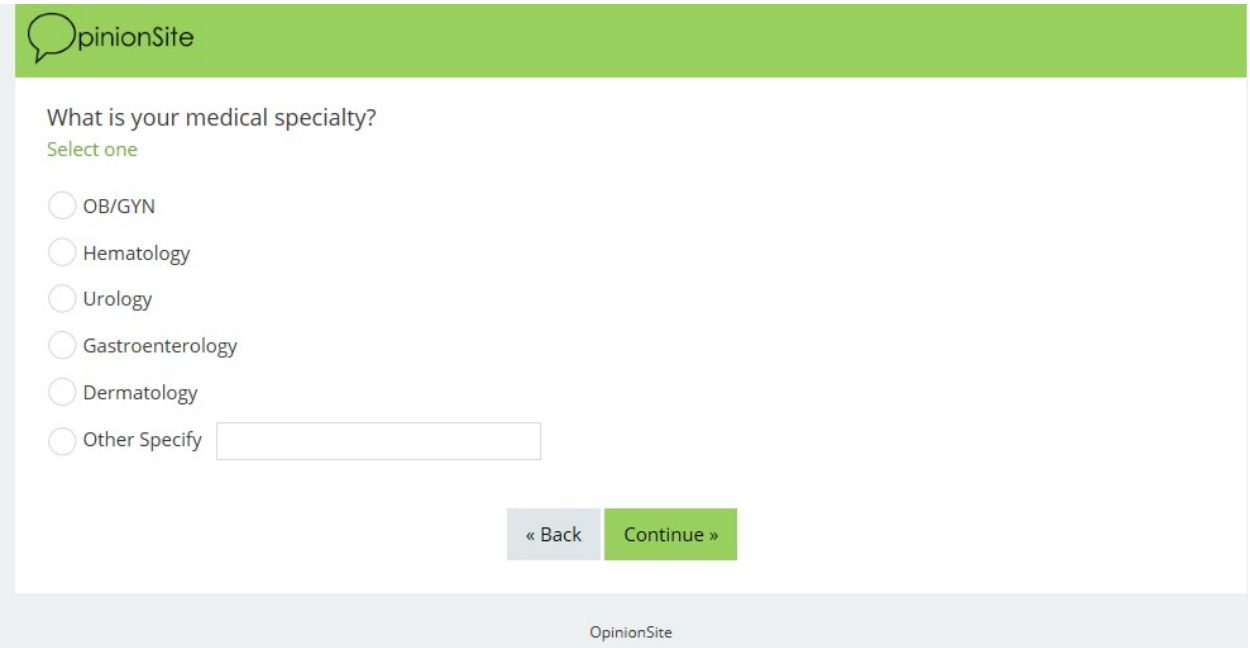
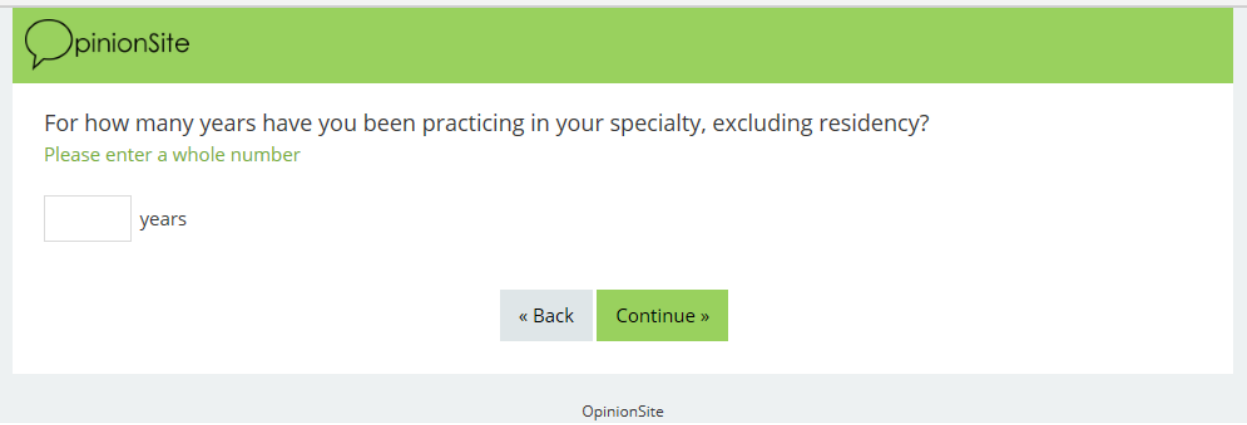
S1.



S2.



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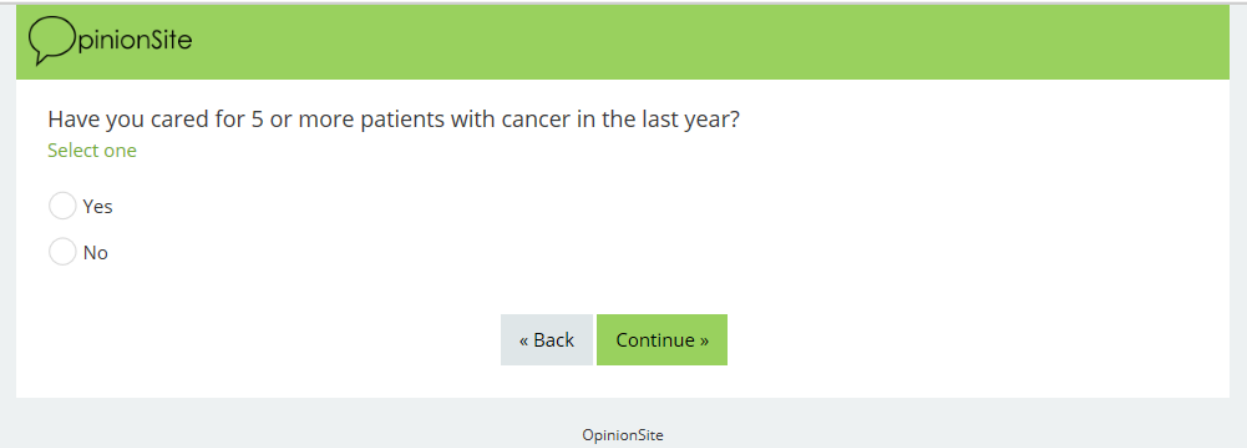
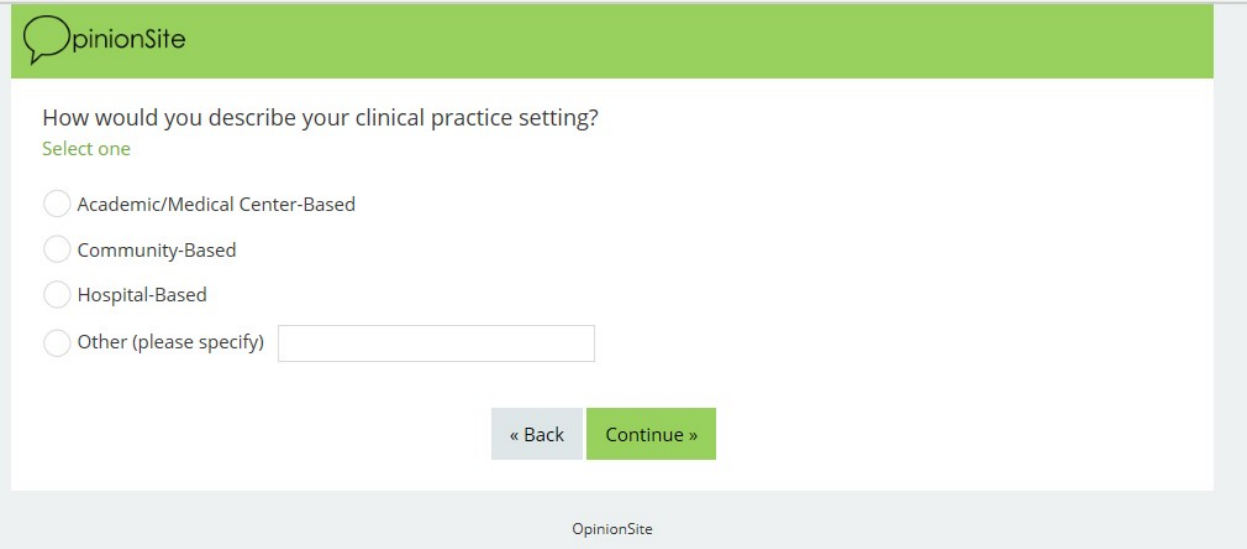
S3.



S4.



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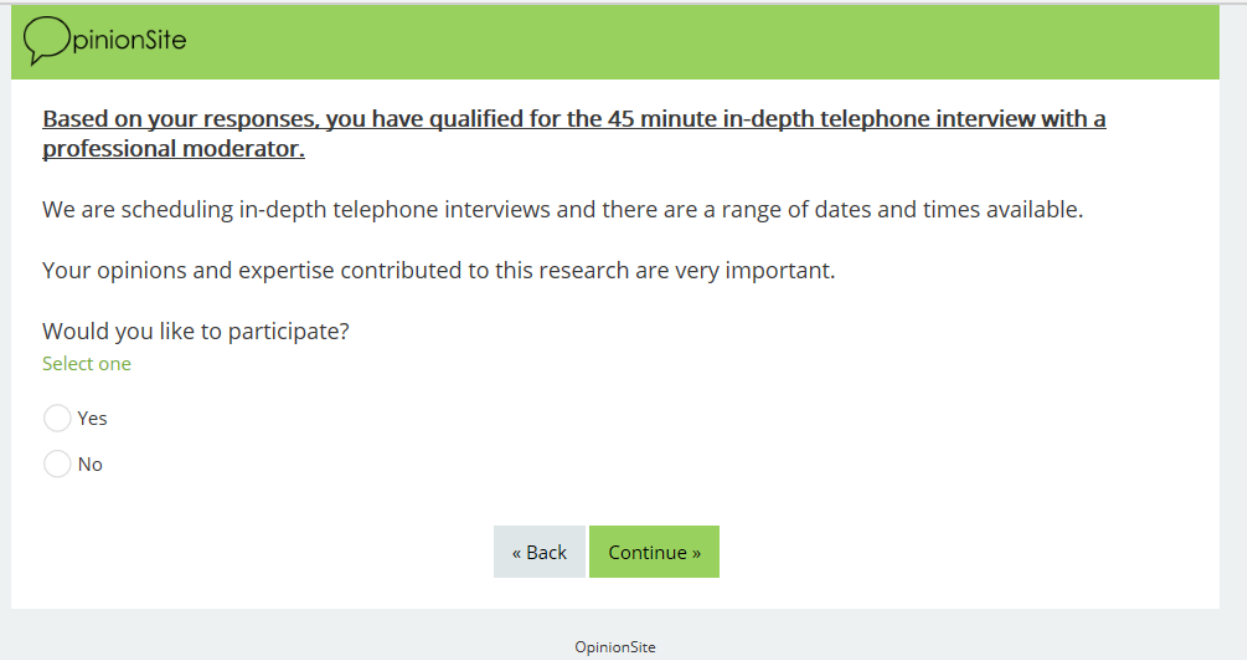
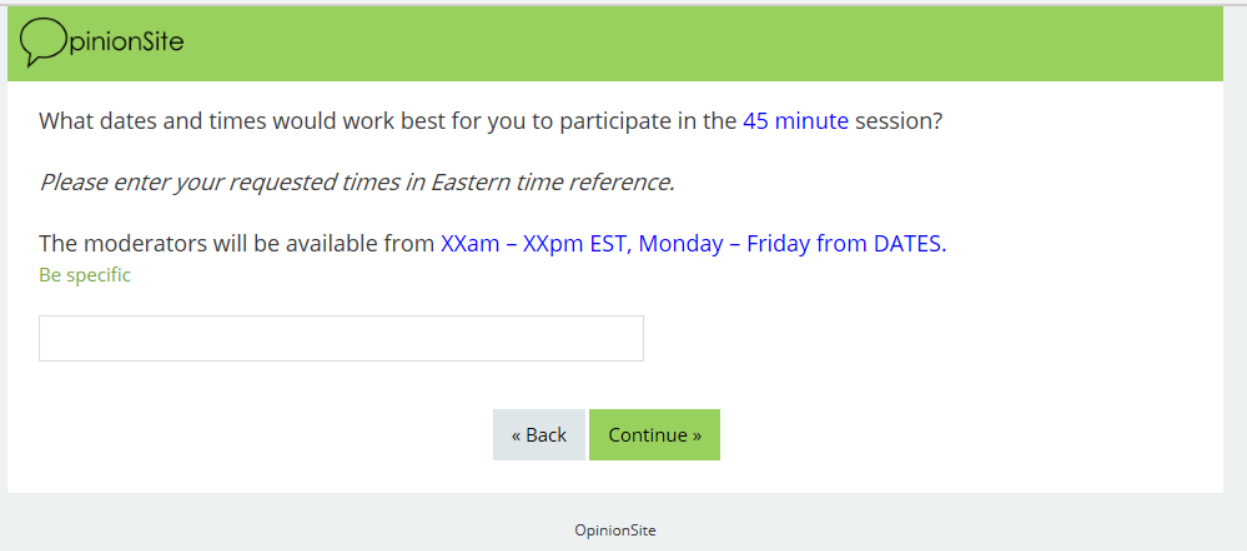
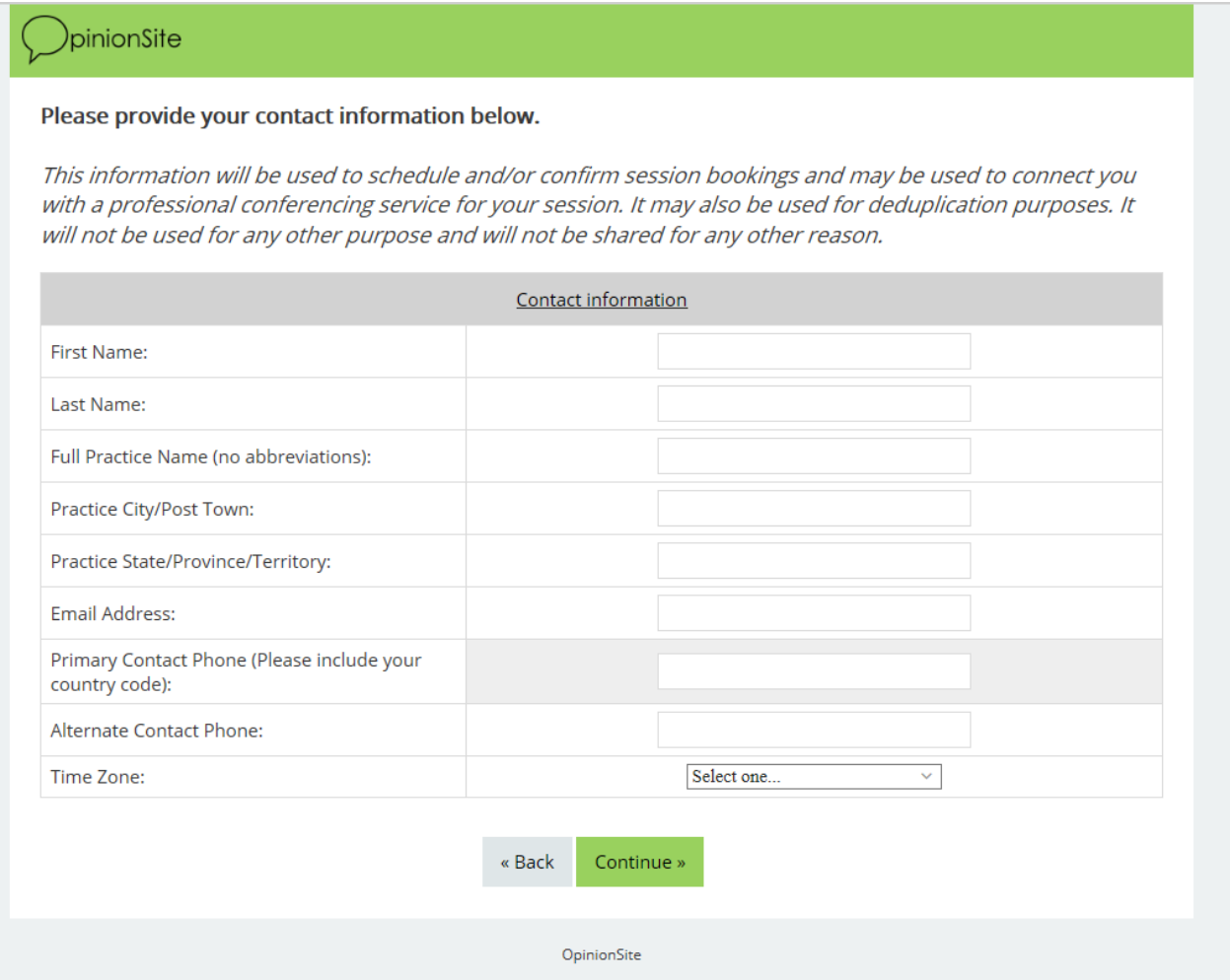
Invite







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Please provide your contact information below.

This information will be used to schedule and/or confirm session bookings and may be used to connect you with a professional conferencing service for your session. It may also be used for deduplication purposes. It will not be used for any other purpose and will not be shared for any other reason.

Contact information	
First Name:	
Last Name:	
Full Practice Name (no abbreviations):	
Practice City/Post Town:	
Practice State/Province/Territory:	
Email Address:	
Primary Contact Phone (Please include your country code):	
Alternate Contact Phone:	
Time Zone:	Select one...

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Please click "continue" to save your screening responses.

This is the end of the qualification screener. You may print this screen for your records.

Please expect an email or telephone call from the recruitment team at SurveyHealthcare **if you are selected to participate** in the research. They will email and/or phone you to confirm a time and date for your session, and will also share detailed instructions for participation. *We ask that you read all instructions carefully and reach out to the recruiter with any questions you may have.*

Honorarium rewards are credited after completion of the project and the research may be in field for several weeks. The recruitment booking manager will be able to provide timelines upon request.

Should you wish to *withdraw your consent* to participate in this research at any time, please contact the project manager, or our team to be removed from the project.

The recruitment team can be reached at Qual@SurveyHealthCare.com

Call if you have any questions and reference project # (9020120) - 1+646-616-9193

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Survey Completed - Thank You

Thank you for taking our survey. Your efforts are greatly appreciated!

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Terminates

Terminate #1: This screen is shown when a respondent terminates on a “hard spec”. Someone that does not qualify at all.

Terminate #2 (2 screens): These screens are shown at the end when a respondent terminates on a “soft spec”. The respondents continues through the survey and is shown this screen after their contact information has been collected. If criteria is loosened, we can contact and include these respondents as possible participants.