

## 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.

_____	_____	_____	_____
Initials	Researcher	Date	Case ID
<input type="checkbox"/> Accepted Cash Incentive		<input type="checkbox"/> Declined Cash Incentive	

OMB No: 0910-XXXX

Expiration Date: XX/XX/XXXX

**Paperwork Reduction Act Statement:** The public reporting burden for this collection of information has been estimated to average 1 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)