**Attachment B: CTP E-Blast Informed Consent Information**

**OMB# 0910-0810**

**Exp. Date: 11/30/18**

**Welcome to the FDA Center for Tobacco Products’ (CTP) E-BLAST SURVEY!**

**You must be 18 years of age or older to be eligible to complete this survey.**

**The purpose of this research study, E-BLAST SURVEY, is to see how satisfied recipients are with CTP’s email communications (i.e., CTP Connect, CTP News, and Spotlight on Science), and for us to learn a little bit about you.**

**This 5-minute, anonymous, survey is completely voluntary and you may quit, without penalty, at any time. As such, no personal identifying information is requested. Responses will be kept anonymous. In addition, there are no foreseeable risks or discomforts by participating in this survey. There are no additional costs that may result from participating in this study. Your data will be reported at the aggregate level. If you feel uncomfortable about answering any question(s) you may choose the “prefer not to answer” response. There are no direct benefits to your participation.**

**If you have questions or concerns about the study, please contact Dr. Everly Macario at IQ Solutions, Inc., at 224-244-3965 or EMacario@IQSolutions.com.**

**If you have questions about your rights as a research participant, please contact the Food and Drug Administration’s Research Involving Human Subjects Committee at RIHSC@fda.hhs.gov or 301-796-9605. This committee is a group of people who review research studies to protect the rights and safety of research participants. If you would like a copy of this form, please print a copy of this page.**

**If you click on “Start survey now,” you are voluntarily agreeing to take part in this survey. Click one of the options below.**

I have read, understand, and had time to consider all the information above. My questions have been answered and I have no further questions.

\_\_\_\_\_ **Start survey now** / I voluntarily agree to participate in this study.

I have read, understand, and had time to consider all the information above. My questions have been answered and I have no further questions.

\_\_\_\_\_ **Exit survey** / I do not want to participate in this study. [TERMINATE SURVEY; GO TO TERMINATION TEXT 2]

[TERMINATION TEXT 2:] You have indicated that you do not want to participate in the CTP E-Blast Survey and will now exit the survey. If you decide later that you would like to participate, you can use the same email invitation to access the survey. Thank you for your time!

**Paperwork Reduction Act Statement:** The public reporting burden for this information collection has been estimated to average 1 minute per response to review this informed consent form (the time estimated to read, review, and complete). Send comments regarding this burden estimate or any other aspects of this information collection, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.