

Request for Approval
OMB No. 0920-0840
Expiration Date: 10/31/2021

Virtual Focus Groups with Primary Care Physicians and OBGYNs:
Attitudes about Proposed Hepatitis C Screening Guidelines
DVH 2019

Generic Information Collection under Formative Research and Tool
Development OMB #0920-0840

Attachment #5

Focus Group Participation Confirmation Letter

Privacy Act Statement:

This information is collected under the authority of the Public Health Service Act, Section 301, "Research and Investigation," (42 U.S.C. 241); and Sections 304, 306 and 308(d) which discuss authority to maintain data and provide assurances of confidentiality for health research and related activities (42 U.S.C. 242 b, k, and m(d)). This information is also being collected in conjunction with the provisions of the Government Paperwork Elimination Act and the Paperwork Reduction Act (PRA). This information will only be used by the Centers for Disease Control and Prevention (CDC) staff to inform activities of the Division of Viral Hepatitis (DVH).

Public reporting burden of this collection of information is estimated to average 90 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)



Confirmation: Study # XXX / “Virtual Focus Groups with Primary Care Physicians and OBGYNs: Attitudes about Proposed Hepatitis C Screening Guidelines”

Dear Dr.

On behalf of Reckner, thank you for agreeing to participate in this project!

SCHEDULE

Date: xxx

Time: xxx

Phone: xxx

(please make sure this phone number is correct)

Dial in: XXX-XXX-XXXX

- **Access code:** XXXXXX

(please dial in at the time of your interview)

Interview Length: 75 Minutes

You will need to be in a quiet place, free of distractions.

INTERVIEW REQUIREMENTS

- **Internet:** Use a laptop or PC. No smartphones or tablets.
- **Web address:** Log on a few minutes before your session.
 - o **Link:** XXXXXXXXXXXX*(The moderator will provide you with a password.)*
- **Prework attached:** Please return prior to your interview
 - o Email: xxx@reckner.com
 - o Fax: XXX-XXX-XXXX
 - o
- You will need to be in a quiet place, free of distractions and interruptions.

CONSENT

- Sign this document and return it to us via email or fax prior to your interview date.
 - o Email: xxx@reckner.com
 - o Fax: XXX-XXX-XXXX
- Please follow the link below to electronically sign the consent form prior to your interview.
 - o XXXXXX

INCENTIVES

Honoraria: \$100

Please note incentives are usually paid within 3-4 weeks **after the study completion.**
*Our incentive policy. You will receive an email from: notification@prepaiddigitalsolutions.com. The subject line will read: Your Reckner Prepaid Reward Has Arrived, stating you incentive is available. You will then have the option to choose your payment method. For more information and to view our incentive terms and conditions, please visit this website. http://recknerhealthcare.com/payment_policy/.

CONFIDENTIALITY

Please be assured that no attempt will be made to sell any product or service either at the time of your interview or at any time thereafter. This study is for market research purposes only and opinions will be reported anonymously and treated in accordance with data protection laws and market research guidelines. Your contact information will be shared as a means of contacting you for this scheduled interview. By participating in this study, we have your agreement that all information discussed during this interview is to remain confidential and not discussed beyond your call.

PLEASE NOTE . . .

This time has been set aside especially for you. Please call XXXXXXXXXX and reference study # XXX if you are unable to make your appointment or if you have any other questions. This is a study-specific toll-free #; if a recruiter is not available, please leave a call-back number and your call will be returned in a timely manner.

For Cancellations / Reschedules: within 24 hours of your scheduled time, please contact **PM Name** at XXX@reckner.com or **XXX-XXX-XXXX**

Please keep a copy of this confirmation letter for your records.

Sincerely,

XXNameXX
Project Manager
Reckner Healthcare

