

## Appendix C – Consent Form (Pretest and Main Study)

### Informed Consent Screens

#### [Consent Screen 1]

Thank you for your interest in this research study. The purpose of the study is to learn more about promotional materials from pharmaceutical companies such as sales aids or brochures.

You are one of about <IF PRETEST: “90”, IF MAIN STUDY: “2,115”> healthcare professionals in the United States who are being asked to take a survey about a new prescription drug.

If you agree to participate, you will look at a sales aid for a new prescription drug and then answer some survey questions about what you saw. Viewing the sales aid and completing the survey will take approximately {20/15} minutes.

#### [Consent Screen 2]

This research is being conducted by RTI International on behalf of the U.S. Department of Health and Human Services (DHHS). If you have questions about this survey, please contact Vanessa Boudewyns, Principal Investigator, by phone at 202-728-2092 or by email at [vboudewyns@rti.com](mailto:vboudewyns@rti.com).

### Privacy and Confidentiality

This survey will ask you for some general demographic information (e.g., age, gender, race/ethnicity). However, no personal information, such as your name, will be collected. Your identity will not be linked to your responses. We will be very careful to only let people working on the study see your responses, which will not be linked back to any personal information that can be used to identify you. Your information will be kept private to the extent allowed by law.

### Possible Risks or Discomforts

We do not expect any of the survey questions will make you uncomfortable or upset; however, if they do, you can refuse to answer a question. If you skip a question, you can still continue with the rest of the survey. While we will be very careful to let only members of the research team see your information, there is a small risk that others might find out what you say, despite all of our best efforts. In the case of a breach of confidentiality, appropriate steps will be taken to notify participants.

## Benefits

Your responses are very important because they will help researchers understand how health care providers make decisions about medications they might prescribe to patients. There is no direct benefit to you for your participation.

## Your Rights as a Participant

This study is voluntary. You can stop at any time. You also do not have to answer any questions that you do not want to. You will receive your points for your time when you complete the survey even if you choose not to answer some questions.

## Reimbursement

In appreciation for your time, you will receive <IF PCP: “an honorarium of \$40.00”, IF ONC: “an honorarium of \$50.00” > for completing the survey.

## Persons to Contact

If you have questions about this survey, please contact [support@curizon.com](mailto:support@curizon.com) for assistance and mention **Project # {SurveyName}**, and someone will direct your questions to the appropriate researchers at RTI. If you have questions about your rights as a participant, you can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

## [Consent Screen 3]

If you have read the previous screen and agree to participate, please click the **Yes** button. If not, click the **No** button.

€ Yes, I agree to participate. [Continue and randomly assign to experimental condition]

€ No, I do not agree to participate. [End survey]