

Consent form

OMB No.: 0925-0642
Expiration Date: 05/31/2020

Public reporting burden for this collection of information is estimated to average 60 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 (0925-0642).

Informed Consent Form

Project title	Usability testing for the redesign of the Research Tested Intervention Programs (RTIPs) website
Statement of Age of Subject	I state that I am at least 18 years of age, in good physical health, and wish to participate in a program of research being conducted by Cindy Vinson in the Division of Cancer Control and Population Sciences of the National Cancer Institute, Bethesda, MD 20892.
Purpose	The purpose of the information collection is to gage how new changes to the RTIPs website can assist cancer control practitioners and program planners in identifying and adopting evidence-based interventions. Specifically, we aim to obtain customer input on the navigation capacity, content acceptability, and usability of the redesigned site.
Procedures	Participants will be asked to answer questions, complete tasks on the site, and give feedback during the usability test. The total time involved, including instructions, will be no more than 60 minutes.
Confidentiality	All information collected in this study will be kept private to the extent allowable by law. I understand that the data I provide will be grouped with data others provide and that my name will not be used. I understand that the usability test will be recorded but will not be shown to others besides the research team without my written permission.
Risks	I understand that the risks of my participation are expected to be minimal in nature. We won't ask for any personal information that would have financial or legal implications. Results will be reported only in aggregate form, and no identifying information will be shared.
Benefits, Freedom to Withdraw, & Ability to Ask Questions	I understand that this study is not designed to help me personally but that the investigators hope to improve the website. I am free to ask questions or withdraw from participation at any time without penalty.
Contact Information of Investigator	Name: Cindy Vinson Position: Senior Advisor, Implementation Science team, NCI Telephone: 240-276-6745 Email: cvinson@mail.nih.gov
Please Return Signed Form to	Name: Laurie Hursting Position: Fellow, Implementation Science team, NCI Telephone: 240-276-7969 Email: laurie.hursting@nih.gov

Printed Name of Research Participant: _____

Signature of Research Participant: _____

Date: _____