IRB Participant Consent Form OMB No: 0910-0497

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Expiration Date: 11/30/2023

# **Dietary Supplements Focus Groups**

### **Consent Form**

# **Purpose:**

- This study is about dietary supplements.
- The U.S. Food and Drug Administration (FDA) is conducting this study to learn consumers' views about and experiences with dietary supplements.

### What is involved:

- You are being asked to be part of a discussion with 8-10 other people.
- We will ask you some questions about your experiences with dietary supplements.
- The focus group discussion will take approximately 90 minutes.

## **Confidentiality:**

- Your name and information will be kept secure to the extent provided by law.
- We will video record the discussions
- Project staff from FDA may be observing the discussion.
- What you say will not be connected with your name. We will report our results in a summary report. We may use quotes you say in our report, but we won't use your name.

### **Risks:**

- It is your choice to do this focus group discussion.
- You can stop participating at any time.
- There are no known risks for participation in this research activity.

# **Benefits:**

- There are no direct benefits to you for participating in this study.
- You will be helping with an important research project.

#### **Questions:**

- If you have questions about the project you may call the Westat Project Director, Cynthia Robins, at 610.593.7389 or 240.367.4753.
- If you have any questions or complaints about your rights as a research subject, please contact FDA's IRB, Human Subject Protection Program Management Staff, at HSPPMS@fda.hhs.gov and 301-796-9605.

You will receive \$75 cash as a token of appreciation for your participation in the discussion.

If you agree to participate, please sign below.	
I have read and understand the statements abo	ve. I consent to participate in this focus group.
Participant's signature	 Date