**Attachment C**

**OMB Control No. 0910-0497**
**Exp. Date: 12/31/2026**

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this Confirmation Letter is estimated to average 1 minute per response, including the time for reviewing instructions and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, to PRAStaff@fda.hhs.gov.

This study is being conducted on behalf of the U.S. Food and Drug Administration.

Focus Groups Examining Consumer Reporting of Adverse Events

## CONFIRMATION LETTER

Dear [Participant Name]:

Thank you for agreeing to participate in our research study about consumer experiences with prescription and over-the-counter drugs. The focus group will be held online at [DATE] and [TIME]. A few days before the call, we will provide you a link to join the online meeting. We'd appreciate it if you could log in at least 15 minutes before [TIME] so that the technical support team can assist you, if needed. If you have any questions or find that you are unable to attend, please call [*Insert facility's phone number*] as soon as possible.

As a reminder, you will be asked to turn on your camera as a participant in the study. The video call will also be audio and video recorded to help researchers with data analysis. Attached please find a form that describes your rights as a participant in this study. Please read this before the group in case you have any questions.

Thank you.

[FACILITY INFORMATION]