

**Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse  
Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a  
Transformational Era (MIC-DROP)**

**Attachment 5b. Focus Group Consent English**

**Emory University**  
**Oral Consent and Script/Information Sheet**  
**For a Research Study – Focus Group Sub-study Addendum**

**TITLE:** Understanding HIV/STD Risk and Enhancing PrEP Implementation Messaging in a Diverse Community-Based Sample of Gay, Bisexual, and Other Men Who Have Sex with Men in a Transformational Era (MIC-DROP Study)

**PROTOCOL NO.:** None  
WCG IRB Protocol #20225896  
STUDY00005355

**SPONSOR:** Centers for Disease Control and Prevention

**INVESTIGATOR:** Patrick Sullivan, DVM, PhD  
1518 Clifton Rd NE  
CNR 2nd Floor - PRISM  
Atlanta, Georgia 30322  
United States

**STUDY-RELATED  
PHONE NUMBER(S):** 404-712-8630 (24 hours)

This form has more information about the research study. It may add to or change the information in the consent form you signed at the start of this study. You will receive a copy of this consent form addendum for your records.

Taking part in this research is voluntary. You may decide not to participate, or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled.

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**What is the purpose of this study?**

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You will receive \$75 for your participation in today's group discussion as a token of appreciation to you for your time and effort. This payment will be provided in the form of an electronic gift card that will be emailed to you.

You will be asked to fill out a tax form, including your Social Security or Taxpayer Identification Number, in order to be reimbursed, depending on the amount and method of payment. Some payment methods involve mail coming to your house, which may be seen by others in your household. You can decline payment if you are concerned about confidentiality, or you can talk to the study team to see if there are other payment options.

### **How will you protect my private information that you collect in this study?**

Whenever possible, a study number, rather than your name, will be used on study records. Your name and other identifying information will not appear when we present or publish the study results.

### **Certificate of Confidentiality**

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There are some important things that you need to know. The Certificate DOES NOT protect your information if a federal, state, or local law says it must be reported. For example, some laws require reporting of abuse, communicable diseases, and threats of harm to yourself or others. The Certificate CANNOT BE USED to stop a federal or state government agency from checking records or evaluating programs. The Certificate DOES NOT stop reporting required by the U.S. Food and Drug Administration (FDA). The Certificate also DOES NOT stop your information from being used for other research if allowed by federal regulations.

Researchers may release your information when you say it is okay. For example, you may give them permission to release information to insurers, your doctors, or any other person not connected with the research. The Certificate of Confidentiality does not stop you from releasing your own information. It also does not stop you from getting copies of your own information.

### **Storing and Sharing your Information**

The data you provide will be stored securely, with all names and data that could be used to identify you removed. The data you provide are to be used only by study staff. Your contact details will be stored securely, for use only when contacting you for study activities described in this information sheet. The data you provide will not be used for other research.

### **Costs**

There will be no costs to you for participating in this study, other than basic expenses like transportation. You will not be charged for any of the research activities.

### **Withdrawal from the Study**

You have the right to leave a study at any time without penalty. The study team also has the right to remove you from this study without your consent for any reason and without necessarily explaining why. The study team may remove you from the study if they believe it is in your best interest or if you were to object to any future changes that may be made in the study plan.

### **Confidentiality**

Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include the Office for Human Research Protections, the funder(s), the Emory Institutional Review Board, the Emory Office of Compliance, and WCG IRB. Study funders may also look at your study records. Emory will keep any research records we create private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

### **People Who will Use/Disclose Your Information:**

The following people and groups will use and disclose your information in connection with the research study:

- The Principal Investigator and the research staff will use and disclose your information to conduct the study.
- Emory may use and disclose your information to run normal business operations.
- The Principal Investigator and research staff will share your information with other people and groups to help conduct the study or to provide oversight for the study.
- The following people and groups will use your information to make sure the research is done correctly and safely:
  - Emory offices that are part of the Human Research Participant Protection Program and those that are involved in study administration and billing. These include the Emory IRB, the Emory Research and Healthcare Compliance Offices, and the Emory Office for Clinical Research.
  - Other researchers and centers that are a part of this study.
  - Government agencies that regulate the research including: Office for Human Research Protections.
  - Public health agencies.
  - Research monitors and reviewer.
  - Accreditation agencies.

Sometimes a Principal Investigator or other researcher moves to a different institution. If this happens, your information may be shared with that new institution and their oversight offices. Information will be shared securely and under a legal agreement to ensure it continues to be used under the terms of this consent.

### **Contact Information**

If you have questions about this study, your part in it, your rights as a research participant, or if you have questions, concerns or complaints about the research you may contact the following:

Contact study coordinator Rebecca Moges-Banks at 404-712-8630 or principal investigator Patrick Sullivan at 404-727-2038.

This research is being overseen by WCG IRB. An IRB is a group of people who perform independent review of research studies. You may talk to them at 855-818-2289 or [researchquestions@wcgirb.com](mailto:researchquestions@wcgirb.com) if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

Do you have any questions about anything in the informational sheet? Were there any parts that seemed unclear?

Do you agree to take part in the study?

**[Participant agrees to participate (circle one):**                      **Yes**                      **No**                      **]**

**[If Yes:]**

\_\_\_\_\_  
Signature of Person Conducting Informed Consent Discussion

\_\_\_\_\_  
Date                      Time

\_\_\_\_\_

**San Diego State University**  
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**PROTOCOL NO.:** None  
WCG IRB Protocol #20225896

**SPONSOR:** Centers for Disease Control and Prevention

**INVESTIGATOR:** Keith Horvath, PhD  
6363 Alvarado Court  
Suite 250  
San Diego, California 92120  
United States

**STUDY-RELATED**  
**PHONE NUMBER(S):** 619-594-3346  
404-712-8630 (24 hours)

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The UNIVERSITY OF CHICAGO  
The Division of the Biological Sciences • The University of Chicago Medical Center  
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**PROTOCOL NO.:** None  
WCG IRB Protocol #20225896

**SPONSOR:** Centers for Disease Control and Prevention

**INVESTIGATOR:** John Schneider, MD  
5841 South Maryland Ave, MC5100  
Chicago, IL 60637  
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**STUDY-RELATED  
PHONE NUMBER(S):** (773) 702-8349

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[Participant agrees to participate (circle one):                      Yes                      No                      ]

[If Yes:]

---

Signature of Person Conducting Informed Consent Discussion

---

Date                      Time

---

Name of Person Conducting Informed Consent Discussion



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