
CONSENT FORM
In-Depth Interviews with Travel Medicine Specialists
July 2024

Introduction and Purpose:

You indicated your interest in taking part in an interview that is being conducted by KRC Research on behalf of the Centers for Disease Control and Prevention (CDC). Your participation in this interview is voluntary. If you agree to participate, we ask you to read and sign this consent form. You may withdraw your consent to participate, for any reason, at any time.

You are the expert on your experience, and your thoughts and opinions are greatly valued and appreciated. We want to learn from you. We encourage you to speak openly and honestly about your experience. There are no right or wrong answers.

Details about this project are discussed in the following sections. It is important that you make an informed choice about participating. You should ask the interviewers named below any questions you have at any time.

Should you agree to participate in the discussion, here are some points you should know:

- **Rights Regarding Participation:** This discussion is completely voluntary. You may choose not to answer any question for any reason.
- **Privacy:** We will take every precaution to protect your identity and ensure your privacy unless required by law. We will keep your full name and identifying information private and your identity will not be disclosed, nor included in any reports. Your contact information and name will not be attached to any of your responses.
- **Benefits:** Your participation in the interview will not result in any direct benefits to you. However, your input will help to develop effective health communication materials.
- **Risks:** The interview poses minimal, if any, risks to you.
- **Incentive:** You will receive a token of appreciation for participating.
- **Video Recordings, and Notes:** The discussion will be audio and video recorded so that it can be transcribed and used to help write a report. Transcripts based on the recordings will be shared with CDC, but these transcripts will not include your name or any identifying information. No comments you make will be linked with your name in any way in reports about these interviews. We will keep all information, notes, and audio recordings stored securely. Only project staff and directly involved CDC staff will be able to access the information. Project records will be maintained in accordance with the federal record retention requirements. Once the recording has been transcribed and checked and the project is complete, we will destroy the recording.

- **Cell phones:** We ask that you not join the Teams meeting on your cell phone and instead use a laptop, desktop, or tablet computer in order to see the materials that will be displayed. During the interview, we also request that you put aside your cell phone and send calls to voicemail to ensure the conversation is free of distractions.
- **Questions:** We will answer any questions you have about this interview.
- **Contact Information:** If you have any questions about this discussion or the project specifically, please contact Mike Ruddell at MRuddell@KRCresearch.com.

Your Consent

I have read this consent form. I had a chance to ask questions, and my questions were answered. I was given a copy of this consent form. The above document describing the benefits, risks, and procedures for this project has been explained to me. I agree to participate in the project.

Signature of Participant

Date

Signature of Person Obtaining Consent

Date