

## WS-CDC ARX - DFWED Focus Group Consent Form

Antimicrobial Resistance Communications and Media Support Services
Focus Group Consent Form for Providers on Antifungal Therapeutic Drug Monitoring
FINAL: January 10, 2024

#### TO BE REVIEWED AND SIGNED BY PARTICIPANT AND RECRUITER PRIOR TO FOCUS GROUP

### **Introduction and Purpose**

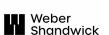
You have been asked to take part in a focus group that is being conducted by KRC Research on behalf of the Centers for Disease Control and Prevention (CDC). Your participation in this focus group is voluntary. If you agree to participate, we ask you to read and sign this consent form. You may withdraw 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 individual 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. If any questions make you feel uncomfortable, you may choose not to answer.
- Privacy: We will take every precaution to protect your identity and ensure your privacy. 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 focus group will not result in any direct benefits to you. However, your input will help to develop effective communication materials that aim to protect people's health.
- **Risks:** The focus group poses minimal, if any, risks to you.
- **Incentive:** You will receive a token of appreciation for your participation.
- Audio and Video Recordings and Notes: The discussion will be audio and video recorded so it can be transcribed and used to help write a report.
   Recordings and transcripts based on the recordings will be shared with CDC, but these transcripts will not include your name or any identifying information. No





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comments you make will be linked with your name in any way in reports about these focus groups.

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.

- Being on Camera: We ask that you join the focus group on a device such as a
  desktop computer or laptop where you can be on camera with the moderator
  and other participants. During the focus group, we also request that you send
  calls to voicemail and do not do other activities on our device to ensure the
  conversation is free of distractions.
- **Focus Group Observation:** The discussion will be led by an independent researcher from KRC Research. Additional project and CDC staff may be observing the discussion from a virtual backroom.
- Questions: We will answer any questions you have about this focus group.
- Contact Information: If you have any questions about this discussion or the project specifically, please contact Mike Ruddell at <a href="MRuddell@KRCresearch.com">MRuddell@KRCresearch.com</a>.

### **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