

Informed Consent: Pharmacists

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

Informed Consent for a research study entitled: "Educating Groups Influencing Generic Drug Use"

You are invited to participate in a research study to better educate groups influencing generic drug use, based on their unique educational needs, sponsored by the US Food and Drug Administration (FDA). The study is being conducted by Dr. Jingjing Qian, Assistant Professor in the Auburn University Department of Health Outcomes Research and Policy and Dr. Ilene Harris, Principal Research Scientist at IMPAQ International. You are eligible to participate if you are a pharmacist licensed to practice in the US and are age 19 or older.

As part of your participation in this research study, you will fill out an online survey regarding your review of the developed educational materials. Your total time commitment will be approximately 20 minutes.

The risks associated with participating in this study are minimal. Your protected health information will not be used or disclosed to a third party. If you participate in this study, what the research team learns from your survey may better inform whether the developed educational materials are successful in educating various groups on generic drugs. You will receive \$50 as a token of our appreciation for your participation after completion of the survey.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Health Outcomes Research and Policy, or IMPAQ International.

If you agree, any data obtained in connection with this study will be anonymous. Notes and completed surveys from the study will be saved in password protected folders on a password and firewall protected server at Auburn University.

Information collected through your participation may be published in governmental reports, professional journals, and/or presented at a professional meeting. As described above, surveys will have no identifying information attached to them, and if information learned from this study is published, you will not be identified by name or other personal information. Also, survey answers will be used for analytical purposes only.

If required, personal information collected in connection to your honorarium will be saved in password protected folders on a password and firewall protected server at Auburn University. This information is being collected in order to withhold necessary tax payments on your behalf and will remain private to the extent permitted by law.

If you have questions about this study, please contact Jingjing Qian at (334) 844-5818 or <u>izq004@auburn.edu</u> or Ilene Harris at (443) 259-5250 or <u>iharris@impagint.com</u>.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone at (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. IF YOU DECIDE TO PARTICIPATE, PLEASE PRESS 'YES' BELOW.

Investigator's Signature	Date
D	
Printed Name	
Co-Investigator's Signature	Date
Printed Name	



Informed Consent: Prescribers

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As part of your participation in this research study, you will fill out an online survey regarding your review of the developed educational materials. Your total time commitment will be approximately 20 minutes.

The risks associated with participating in this study are minimal. Your protected health information will not be used or disclosed to a third party. If you participate in this study, what the research team learns from your survey may better inform whether the developed educational materials are successful in educating various groups on generic drugs. You will receive \$50 as a token of our appreciation for your participation after completion of the survey.

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Investigator's Signature	Date
Printed Name	
Co-Investigator's Signature	Date
Printed Name	

DEPARTMENT OF
Health Outcomes Research
and Policy



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As part of your participation in this research study, you will speak to one of our team's researchers in person on the Auburn University main campus (zip 36849) to answer a survey about your review of the developed educational materials. Your total time commitment will be approximately 30 minutes.

The risks associated with participating in this study are minimal. Your protected health information will not be used or disclosed to a third party. If you participate in this study, what the research team learns from your survey may better inform whether the developed educational materials are successful in educating various groups on generic drugs. You will receive \$25 as a token of our appreciation for your participation after completion of the survey.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Health Outcomes Research and Policy, or IMPAQ International.

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If you have questions about this study, please ask them now or contact Jingjing Qian at (334) 844-5818 or jzq004@auburn.edu or Ilene Harris at (443) 259-5250 or iharris@impaqint.com.

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HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. IF YOU DECIDE TO PARTICIPATE, YOUR SIGNATURE WILL SERVE AS YOUR AGREEMENT TO DO SO. A COPY OF THIS LETTER IS YOURS TO KEEP.

Participant's Signature	Date
Printed Name	
Investigator's Signature	Date
Printed Name	
Co-Investigator's Signature	Date
Printed Name	