

## CONSENT / ASSENT INFORMATION FORM FOR SURVEILLANCE STUDY

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<b>Project Title</b>	<b>Translational Research: From Mechanisms of Influenza Transmission to Prevention</b>
<b>Purpose of the Study</b>	<p>Donald Milton, MD, DrPH and his team at the University of Maryland, School of Public Health, are doing research on how to prevent spread of colds and flu. We invite you to help us track colds and flu on the College Park Campus and in nearby areas. The purpose of this tracking project is to better understand how colds and flu spread. It will also help us to find people who have just come down with a cold or flu so that we can ask them to give us samples of their nasal mucus, coughs and exhaled breath in another part of this research.</p>
<b>Procedures</b>	<p>You will be asked to answer questions on a website with a computer, tablet, or smartphone. On your first visit to the website we will ask your age, sex, campus residence building or zip code, numbers of roommates or housemates, and we will ask you about contact with pigs and influenza vaccinations. We will also ask you to give us your email address and phone number and tell us which one you would like us to use to send you weekly reminders. You will receive a registration confirmation by email or text and must respond by clicking on the link if you want to complete your registration. If you are under age 18, we will also ask for your parent or guardian's email or smartphone number so that we can let them know you want to join this research study. Then, we will ask you if you have had any cold or flu symptoms or a flu shot in the last week. Starting the next week, we will send you a weekly email or text message with a link to a page on our website where you can answer two questions. We will ask you if you have had any cold or flu symptoms and if you had a flu shot in the last week. If you report symptoms, we will ask additional questions about when they started, whether you missed school or work, contacts, travel, and medications and medical care for your cold or flu. Depending on your symptoms, if you are on or near the UMCP campus, we may ask you to call us or allow us to call you to set up a time for you to come see us for flu testing at the School of Public Health on the College Park campus. If you come for testing, we will give you more information about the rest of the study so that you can decide whether to give us samples of nasal mucus and exhaled breath.</p> <p>We may share data on numbers of people reporting colds and flu by zip code with the Maryland Department of Health and Mental Hygiene and Health Map / Flunearyou.org as part of their infection surveillance programs. No individually identifiable data will be shared.</p> <p>If you live or work on the UMCP campus or live nearby, you will be entered into drawings for thank-you incentive offerings when you complete registration and when you answer the weekly questionnaire. Each week we will draw four answers at random from all of the people who registered or answered that week and give each of the four people \$25. Each month, from all of the people who answered every week during the month, we will draw at random two people and give each of them \$75. After four and eight months, all of the people who answered the weekly questionnaire will be entered into a drawing once for each weekly questionnaire answered (e.g. if you answer 12 times you will have 12 chances to be drawn); we will draw at random two unique people and give each of them an iPad. Persons</p>

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	<p>employed by the study will not be eligible for the drawings. Recipients will be required to come to the School of Public health on the College Park campus to receive their incentive.</p>
<b>Potential Risks and Discomforts</b>	<p>This study takes a short amount of time and requires receipt of one additional weekly email or text message in your inbox. Answering the first set of web questions will take much less time than reading this consent form. The weekly questions will take about 5 seconds to complete. If you have cold or flu symptoms the follow-up questions will take 1 to 2 minutes to complete. We will record your email and phone number, the building or zip code of your residence, but not your name or full address. While we will make every effort to keep your personal contact information confidential and your symptom reports private; there is a small risk of loss of confidentiality and privacy in the unlikely event that the encryption and password systems would be breached.</p>
<b>Potential Benefits</b>	<p>By participating in this study, you will help university and public health officials monitor the spread of illness in the community and contribute to a greater understanding of the patterns of illness in our community.</p>
<b>Confidentiality</b>	<p>We will make every effort to keep your personal information confidential. To help maintain confidentiality, the only identifiers we will collect are email address, phone number, age (in years), and campus building or zip code of residence. We will not record your name, exact birthdate, exact address or any other personal identifiers. Your email and phone number will be recorded in order to send you the weekly symptom question and to follow-up if you have symptoms and give us permission to call you. If you receive more than \$100 in raffle drawings and/or other compensation, we will have to collect your full name and social security number for tax purposes only. Tax information will be reported to the State of Maryland Comptroller but will not include any other information that we collect. All information collected will be stored in a password-protected site with access given only to the study investigators and administrators. Your communications with our webserver will be encrypted. Email and phone numbers will be removed from the data file at the end of the surveillance study so that only de-identified data will be maintained.</p>
<b>Medical Treatment</b>	<p><i>The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.</i></p>
<b>Right to Withdraw and Questions</b>	<p>Your participation in this research is completely voluntary. You may choose not to take part. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized, nor will you lose any benefits to which you otherwise qualify.</p> <p>Should you decide to stop taking part in the study, have questions, concerns, or complaints, or need to report an injury related to the research, please contact the project coordinator:</p> <p style="text-align: center;"><b>Aneeqa Chowdhury, MPH Room 1227</b></p>

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	<p><b>SPH Building 255 University of Maryland, College Park, MD 20742 Telephone: 301-405-3142 Email: <a href="mailto:aneeqa@umd.edu">aneeqa@umd.edu</a></b></p> <p>Or the principle investigator:</p> <p><b>Donald Milton, MD, DrPH Room 2234V SPH Building 255 University of Maryland, College Park, MD 20742 Telephone: 301-405-0389 Email: <a href="mailto:dmilton@umd.edu">dmilton@umd.edu</a></b></p>
<b>Participant Rights</b>	<p>If you have questions about your rights as a research participant or if you wish to report a research-related injury, please contact:</p> <p><b>University of Maryland College Park Institutional Review Board Office 1204 Marie Mount College Park, Maryland, 20742 Telephone: 301-405-0678 Email: <a href="mailto:irb@umd.edu">irb@umd.edu</a></b></p> <p>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>
<b>Statement of Consent</b>	<p>By checking "I agree to participate" on the gotflu.org web page you are indicating that you are at least 18 years of age or that if you are under 18 that you will provide your parent or guardian's contact email and phone number so that we may inform them about this study; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You may print a copy of this consent form for your records or contact the study through gotflu.org to receive a copy by email or post.</p>