

**INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION**

**VOLUNTEER'S STATEMENT:**

I agree to participate in this research discussion for public health about Modified Risk Tobacco Products ("MRTPs"). MRTPs are new tobacco products for existing smokers. I have been provided copies of the **Informed Consent to Take Part in a Qualitative Study** and **My Research Responsibilities & Risks of Cigarette Smoking/MRTPs** documents.

By signing below, I indicate that I have read, understood and been provided a copy of these disclosure documents.

**I understand and agree that:**

- I am of legal age in my state to smoke cigarettes although I may or may not smoke
- I have been informed of the nature of this Research and will participate in a discussion today lasting approximately 1 hour for which I will be compensated USD \$100
- I may address any current or future questions about this research to **M/A/R/C® Research**
- Any questions that I asked before signing this have been answered to my satisfaction
- My participation is voluntary; I may stop participating at any time
- All Confidential Information (visual, oral or written) presented during the Research will remain confidential for a period of 10 years and I will not share any Confidential Information with any third parties (by social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law
- I will hand over all electronic devices for safekeeping to **M/A/R/C® Research** while I participate in the discussion to help ensure product confidentiality
- All information I share today may be retained and used by **M/A/R/C® Research** or **22nd Century Group, Inc.** for the purposes of this research but it will not be used for any other purpose

I have read and understand all information, written or verbal, that I have been provided. By signing this form, I do not waive any of my legal rights. On signing below, I will be provided with a copy of this Informed Consent Form & Confidentiality Declaration. This form will be stored for an indefinite period of time by **M/A/R/C® Research**.

(b) (6) \_\_\_\_\_  
Signature of Study Participant

9/13/18  
Date

(b) (6) \_\_\_\_\_  
Printed Name of Study Participant

<b>FOR USE BY AGENCY ONLY</b>	
Sig <b>(b) (6)</b> _____ Consent	<u>09/13/18</u> Date

**INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION**

**VOLUNTEER'S STATEMENT:**

I agree to participate in this research discussion for public health about Modified Risk Tobacco Products ("MRTPs"). MRTPs are new tobacco products for existing smokers. I have been provided copies of the **Informed Consent to Take Part in a Qualitative Study** and **My Research Responsibilities & Risks of Cigarette Smoking/MRTPs** documents.

By signing below, I indicate that I have read, understood and been provided a copy of these disclosure documents.

**I understand and agree that:**

- I am of legal age in my state to smoke cigarettes although I may or may not smoke
- I have been informed of the nature of this Research and will participate in a discussion today lasting approximately 1 hour for which I will be compensated USD \$100
- I may address any current or future questions about this research to **M/A/R/C® Research**
- Any questions that I asked before signing this have been answered to my satisfaction
- My participation is voluntary; I may stop participating at any time
- All Confidential Information (visual, oral or written) presented during the Research will remain confidential for a period of 10 years and I will not share any Confidential Information with any third parties (by social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law
- I will hand over all electronic devices for safekeeping to **M/A/R/C® Research** while I participate in the discussion to help ensure product confidentiality
- All information I share today may be retained and used by **M/A/R/C® Research** or **22nd Century Group, Inc.** for the purposes of this research but it will not be used for any other purpose

I have read and understand all information, written or verbal, that I have been provided. By signing this form, I do not waive any of my legal rights. On signing below, I will be provided with a copy of this Informed Consent Form & Confidentiality Declaration. This form will be stored for an indefinite period of time by **M/A/R/C® Research**.

(b) (6) [Redacted Signature]

Signature of Study Participant

9/18/2018  
Date

(b) (6) [Redacted Name]

Printed Name of Study Participant

FOR USE BY AGENCY ONLY	
(b) (6) [Redacted Signature]	09/13/18
Signature of Person Obtaining Consent	Date

**INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION**

**VOLUNTEER'S STATEMENT:**

I agree to participate in this research discussion for public health about Modified Risk Tobacco Products ("MRTPs"). MRTPs are new tobacco products for existing smokers. I have been provided copies of the **Informed Consent to Take Part in a Qualitative Study** and **My Research Responsibilities & Risks of Cigarette Smoking/MRTPs** documents.

By signing below, I indicate that I have read, understood and been provided a copy of these disclosure documents.

**I understand and agree that:**

- I am of legal age in my state to smoke cigarettes although I may or may not smoke
- I have been informed of the nature of this Research and will participate in a discussion today lasting approximately 1 hour for which I will be compensated USD \$100
- I may address any current or future questions about this research to **M/A/R/C® Research**
- Any questions that I asked before signing this have been answered to my satisfaction
- My participation is voluntary; I may stop participating at any time
- All Confidential Information (visual, oral or written) presented during the Research will remain confidential for a period of 10 years and I will not share any Confidential Information with any third parties (by social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law
- I will hand over all electronic devices for safekeeping to **M/A/R/C® Research** while I participate in the discussion to help ensure product confidentiality
- All information I share today may be retained and used by **M/A/R/C® Research** or **22nd Century Group, Inc.** for the purposes of this research but it will not be used for any other purpose

I have read and understand all information, written or verbal, that I have been provided. By signing this form, I do not waive any of my legal rights. On signing below, I will be provided with a copy of this Informed Consent Form & Confidentiality Declaration. This form will be stored for an indefinite period of time by **M/A/R/C®**

Research

(b) (6) [Redacted Signature]

Signature of Study Participant

9/13/2018

Date

(b) (6) [Redacted Name]

Printed Name of Study Participant

FOR USE BY AGENCY ONLY

(b) (6) [Redacted Signature]

Signature of Person Obtaining Consent

09/13/18

Date

**INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION**

**VOLUNTEER'S STATEMENT:**

I agree to participate in this research discussion for public health about Modified Risk Tobacco Products ("MRTPs"). MRTPs are new tobacco products for existing smokers. I have been provided copies of the **Informed Consent to Take Part in a Qualitative Study and My Research Responsibilities & Risks of Cigarette Smoking/MRTPs** documents.

By signing below, I indicate that I have read, understood and been provided a copy of these disclosure documents.

**I understand and agree that:**

- I am of legal age in my state to smoke cigarettes although I may or may not smoke
- I have been informed of the nature of this Research and will participate in a discussion today lasting approximately 1 hour for which I will be compensated USD \$100
- I may address any current or future questions about this research to **M/A/R/C® Research**
- Any questions that I asked before signing this have been answered to my satisfaction
- My participation is voluntary; I may stop participating at any time
- All Confidential Information (visual, oral or written) presented during the Research will remain confidential for a period of 10 years and I will not share any Confidential Information with any third parties (by social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law
- I will hand over all electronic devices for safekeeping to **M/A/R/C® Research** while I participate in the discussion to help ensure product confidentiality
- All information I share today may be retained and used by **M/A/R/C® Research** or **22nd Century Group, Inc.** for the purposes of this research but it will not be used for any other purpose

I have read and understand all information, written or verbal, that I have been provided. By signing this form, I do not waive any of my legal rights. On signing below, I will be provided with a copy of this Informed Consent Form & Confidentiality Declaration. This form will be stored for an indefinite period of time by **M/A/R/C® Research**.

(b) (6)

Signature of Study Participant

Sept 13 2018  
Date

(b) (6)

Printed Name of Study Participant

FOR USE BY AGENCY ONLY

(b) (6)

Signature of Person Obtaining Consent

09/13/18  
Date

**INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION****VOLUNTEER'S STATEMENT:**

I agree to participate in this research discussion for public health about Modified Risk Tobacco Products ("MRTPs"). MRTPs are new tobacco products for existing smokers. I have been provided copies of the **Informed Consent to Take Part in a Qualitative Study** and **My Research Responsibilities & Risks of Cigarette Smoking/MRTPs** documents.

By signing below, I indicate that I have read, understood and been provided a copy of these disclosure documents.

**I understand and agree that:**

- I am of legal age in my state to smoke cigarettes although I may or may not smoke
- I have been informed of the nature of this Research and will participate in a discussion today lasting approximately 1 hour for which I will be compensated USD \$100
- I may address any current or future questions about this research to **M/A/R/C® Research**
- Any questions that I asked before signing this have been answered to my satisfaction
- My participation is voluntary; I may stop participating at any time
- All Confidential Information (visual, oral or written) presented during the Research will remain confidential for a period of 10 years and I will not share any Confidential Information with any third parties (by social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law
- I will hand over all electronic devices for safekeeping to **M/A/R/C® Research** while I participate in the discussion to help ensure product confidentiality
- All information I share today may be retained and used by **M/A/R/C® Research** or **22nd Century Group, Inc.** for the purposes of this research but it will not be used for any other purpose

I have read and understand all information, written or verbal, that I have been provided. By signing this form, I do not waive any of my legal rights. On signing below, I will be provided with a copy of this Informed Consent Form & Confidentiality Declaration. This form will be stored for an indefinite period of time by **M/A/R/C® Research**.

(b) (6) [Redacted]

Signature of Study Participant

9/13/18

Date

(b) (6) [Redacted]

Printed Name of Study Participant

FOR USE BY AGENCY ONLY

(b) (6) [Redacted]

Signature of Person Obtaining Consent

09/13/18

Date

(b) (6) M/A/R/C® Research

STUDY TITLE: Cognitive Testing Research to Develop Brand A Cigarettes Consumer Messaging

© 2018 by M/A/R/C® Research

All rights reserved. No part of this paper may be reproduced in any form of printing or by any other means, electronic or mechanical, including, but not limited to, photocopying, audiovisual recording and transmission, and portrayal or duplication in any information storage and retrieval system, without permission in writing from M/A/R/C® Research.