

## INFORMED CONSENT FORM & CONFIDENTIALITY DECLARATION

To: **Taylor Nelson Sofres** (the “Agency”)

Participant's Name: \_\_\_\_\_

I voluntarily wish to participate in research (“**NP Research**”) which may potentially involve smoking New Products (“**NPs**”). It has been explained to me that that NPs are new tobacco products for existing smokers.

I have been informed that the NP Research is an investigational study and that its purpose is to understand consumer behaviour and reactions to potential NP information. I understand that any use of NPs by me, and my exposure to related materials is not in any way intended to promote smoking, a particular NP or NPs in general.

During the NP Research, certain confidential information (“**Confidential Information**”) will be shown to me. The Confidential Information may include, for example, the design, sensory characteristics, images, scientific information and product communications relating to NPs. I understand that all NP-related information which I receive during the NP Research is Confidential information.

I also confirm that I am aware that:

- Smoking causes serious and fatal diseases such as lung cancer, heart disease and emphysema in smokers. Smokers are far more likely to develop serious diseases like lung cancer than non-smokers.
- Smoking during pregnancy is associated with increased risk of pregnancy complications, spontaneous abortion, low birth weight infants and stillbirth. Pregnant or breastfeeding women cannot participate in the NP research.
- Smoking is addictive. It can be very difficult to quit smoking, but this should not deter adult smokers who want to quit from trying to do so.
- I have been informed not to assume smoking NPs are safer than smoking any other tobacco products and that NPs should not be viewed as an alternative to quitting smoking.

I have read and understood the requirements of confidentiality and participation in the NP Research and confirm the following:

- I have been informed of the nature of the NP Research and the activities involved in participating in it, and in particular that the NP Research will involve an initial interview (lasting approximately one hour) and potentially up to 4 weeks of NP use, involving two further interviews.
- I have had the opportunity to ask questions about the nature of the research, and any questions that I have had, have been answered to my satisfaction.
- I understand that my participation in NP Research is completely voluntary and that I may cease participation at any time. I will be compensated for my participation, but I will not lose the compensation to which I am entitled if I decide to withdraw early.
- I am aware that if I have additional questions or concerns about the NPs, the NP Research or my continued participation that I may address these either to Agency personnel directly or via the 24 hour telephone Hotline (Telephone Number : 800 933 933)
- I am at least 19 years old.
- I am a consumer of factory-made cigarettes and/or other combustible tobacco products and / or e-cigarettes. I have been a consumer of at least one of these categories of product for at least one year ; and I use one or more of these categories of products at least three times a day..
- (For female participants) I am not pregnant or breastfeeding. If I become aware that I am pregnant, I will inform the Agency without delay.

I agree that:

- I will keep confidential all Confidential Information (whether visual, oral or in writing) to which I may have access during the NP Research for a period of 10 years and that I will not to disclose any Confidential Information to any third parties (including on social media sites, or to friends, relatives or family), directly or indirectly, unless required to do so by law or a competent court.
- I will not lend, sell, give away or attempt to take apart any NP which is provided to me and I will promptly return it and any packaging materials to the Agency whenever requested.
- I understand that I will not acquire any rights or ownership to any NP which is provided to me.

I understand and agree that:

- my opinions on the NPs and the associated materials which are being investigated, as well as any information about my smoking behaviour (including that recorded manually or electronically in a diary or by an NP device) may be retained and used by the Agency (and the company engaging the Agency).
- In the event of an unusual health experience or other discomfort ('Event'), I will cease all use of the NP and promptly report details of the Event to the Agency. I further understand that I may be requested to provide details of the Event to a medically qualified professional nominated by the company engaging the Agency. Any personal data submitted in relation to an Event will be held on an anonymous basis and used only for submission to regulatory bodies involved in approving NPs.
- any other personal information I provide in the course of my participation may be retained and used by the Agency (and the company engaging the Agency) for the purposes of confirming my age and the terms of my participation in the NP Research - but it will not be used for any other purpose.

I declare that I have been informed about the use of my personal data in connection with the NP Research and by signing this Informed Consent Form & Confidentiality Declaration, I give my consent to the processing and transmission of the my personal data. I have been informed that the processing and transmission of my data will be conducted in accordance with applicable laws and in compliance with appropriate security standards .

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 TNS France, (acting as project coordination research agency) at 138 av. Marx Dormoy, 92120 Montrouge, France

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

FOR USE BY AGENCY ONLY

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

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