STANFORD UNIVERSITY - Research Consent Form

Protocol Title: Assessing provider hepatitis B knowledge and practices
Protocol Director: Stephanie Chao, MD **Faculty Sponsor:** Samuel So, MD, FACS
IRB Approval Date: May 27, 2009 **IRB Expiration Date: April 30, 2010**

CONSENT FORM

FOR QUESTIONS ABOUT THE STUDY, PLEASE CONTACT: Stephanie Chao, M.D., Asian Liver Center at Stanford University, 300 Pasteur Drive, H3680, Stanford, CA 94305-5655, (650) 736-2280.

DESCRIPTION: You are invited to participate in a research study to characterize the level of provider knowledge on hepatitis B treatment and prevention, and assess how knowledge corresponds to physicians' level of training. You will be asked to complete a brief survey that includes questions about your general background, your current hepatitis B management practices, and your knowledge about hepatitis B.

RISKS AND BENEFITS: Your participation in this research study does not involve any foreseeable risks or discomforts to you. If you choose to participate in the optional educational seminar, you will benefit by gaining knowledge about hepatitis B management. You may also enjoy the satisfaction of contributing to research that may help improve hepatitis B prevention and management. We cannot and do not guarantee or promise that you will receive any benefits from this study. Your decision whether or not to participate in this study will not affect your employment.

TIME INVOLVEMENT: Your participation in this study will take approximately 10-15 minutes. If you choose to participate in our educational seminar, you will be asked to complete a post-test at the end of the seminar. The seminar will last approximately 45 minutes. The following post-test survey will take approximately 5 minutes to complete.

PAYMENTS: You will receive a **$5 gift card** for your participation. The card will be mailed to you approximately 4 weeks after we receive your completed survey.

SUBJECT'S RIGHTS: By completing the survey, you will be providing your consent to participate in the study. Please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from the study.

CONTACT INFORMATION: If you have any questions, concerns, or complaints about this research study, its procedures, risks and benefits, or alternative courses of treatment, you should contact the Protocol Director, Stephanie Chao, M.D., (650) 736-2280. You should also contact her at any time if you feel you have been hurt by being a part of this study.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650) 723-5244 or toll-free at (866) 680-2906. You can also write to the Stanford IRB, Stanford University, Stanford, CA 94305-5401.

Alternative Contact: If you cannot reach the Protocol Director, please contact the research team at (650) 736-1883.

The extra copy of this consent form is for you to keep.