CONSENT/AUTHORIZATION FOR OPTIONAL PARTICIPATION IN THE CLINCARD PROGRAM

Introduction:
You have decided to participate in a clinical research study at Rutgers University, for which you may be provided with some payments for your participation in the study. You may opt to receive these payments via a ClinCard, which is a specially designed debit card for clinical research.
Note: You do not have to sign up for this ClinCard option in order to participate in the study.

With the ClinCard, you will also have the option to receive certain reminder text messages about the study on your cell phone and/or through email. These messages will remind you of your regularly scheduled study visits and let you know when payments made to you are loaded on your ClinCard. You may consider the following information to help you decide if you would like to use these optional services.

The information provided in this ClinCard consent form is in addition to the consent form which you signed to be part of the study; we call that the primary consent form. You will receive a signed and dated copy of this ClinCard consent form for your records.

Purpose:
As a participant in the study, you will receive payments to help cover the cost of travel and expenses. The payment amounts and the dates of the visits when you will receive these payments are described in the primary consent form. The payments for completed study visits or other study activities will be loaded on your ClinCard.

Additionally, you will have the option to receive updates related to payment reminders through text message and/or email message (standard text messaging rates will apply). You will have the opportunity to opt-in to receive these messages.

What am I being asked to do?
Greenphire, the company which developed the ClinCard, will act as an agent of Rutgers University to manage the payment and text messaging/email process. You will be given a Greenphire ClinCard, which is a debit card that your study payments are loaded onto following completion of study visits. When a study visit is completed, the payment will be approved and loaded onto your card. The funds will be available within one hour of the completed visit, unless the study coordinator advises you that it may take a little longer. You may use the ClinCard as you choose. You will be issued one ClinCard for the duration of your study participation. If your card is lost or stolen, you can contact ClinCard support at (866) 952-3795. This phone number is also on the back of the card. If you do need a replacement card and you obtain it directly through the ClinCard customer support service, it will be mailed to your address. In that event, the balance from your lost card will be loaded onto your replacement card, minus a $7 replacement fee charged by the customer support service. Or, you may request a replacement card during your next visit with your study coordinator, who will provide you with a replacement card for a fee of $3.50, which will be subtracted from your ClinCard balance.
What do the messages say and what do I have to do?
The messages will not identify you individually or include any reference to the study name or any medication you may be taking. If you decide to opt-in for the text messaging and email reminders, you may receive:

- 1 payment notification after each visit
- 1 balance reminder after 5 ½ months of no activity

The text messages and/or emails will say the following:

**Payment Confirmation (SMS & Email)**

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Upon funds being loaded onto the ClinCard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Structure</td>
<td>Hi [FIRST NAME], $[PAYMENT VALUE] has just been loaded onto your ClinCard and is available immediately.</td>
</tr>
<tr>
<td>Message Example</td>
<td>Hi Sam, $50.00 has just been loaded onto your ClinCard and is available immediately.</td>
</tr>
<tr>
<td>Subj. Line (Email)</td>
<td>ClinCard Deposit Notification</td>
</tr>
</tbody>
</table>

**Balance Reminder (SMS & Email)**

<table>
<thead>
<tr>
<th>Schedule</th>
<th>After 5 ½ months of no activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message Structure</td>
<td>Hi [FIRST NAME], $[CURRENT BALANCE] is currently available on your ClinCard for use. Please visit myclincard.com or call 1-866-952-3795 to manage your account.</td>
</tr>
<tr>
<td>Message Example</td>
<td>Hi Sam, $37.26 is currently available on your ClinCard for use. Please visit myclincard.com or call 1-866-952-3795 to manage your account.</td>
</tr>
<tr>
<td>Subj. Line (Email)</td>
<td>Your ClinCard Balance</td>
</tr>
</tbody>
</table>

**How do I stop the text or email service, or "Opt-out"?**
If at any time, you wish to no longer participate in the text and/or email service part of the ClinCard program, you may request your study coordinator to discontinue you from it. The study coordinator in turn, will direct the secure computer system to stop texting and/or emailing you with the ClinCard notices. This decision will not affect your actual study participation.
Do I have to pay for the text messages?
The cost of messages will vary depending on your network carrier and on your per message transaction cost. You can consult your network carrier regarding your per message transaction cost.

Information that will be shared
In order to participate in this ClinCard program, as a part of the study, Greenphire will collect information about you, including your name, address, telephone number, next appointment date, date of birth, social security number, email address, if applicable, and your 6 digit study subject ID code. All information is stored in a secure fashion and will be deleted from Greenphire's system once the study has been completed and the funds on your ClinCard have been exhausted. Your information will not be shared with any third parties and will be kept confidential.

Risk
As part of this payment arrangement, the study team may share this personal information with other persons at the University or Greenphire who are involved in these activities; these individuals have agreed to only use the personal data as described in this consent form. Once the study team shares personal data about you with others, Federal privacy law may no longer protect it.

Will the study team or Greenphire be able to guarantee that I will receive all of the text messages sent as part of the service?
No. The text messaging vendor will send the message to your cell phone number, but the text messaging vendor cannot prevent disruptions in Internet traffic or guarantee that your cell phone service provider will deliver the message to your cell phone. A number of things could prevent the text message from being delivered to your cell phone, including technical difficulties. If you are out of your coverage area for a number of days, or if you do not turn on your cell phone for a number of days, your cell phone service provider may not deliver text messages that come in during that period. Thus, it is important that if you elect to use this service, you use it together with other reminders.

Potential to receive an IRS 1099 Miscellaneous Income Form
If you receive $600 or more in a calendar year in total stipend payments from this study, or from other Rutgers’s studies or programs, Rutgers University will issue to you an IRS Miscellaneous Income Form 1099, indicating the total amount of the payments you received in that tax year. Your decision to receive the stipend payments through ClinCard or in another payment form will not affect Rutgers University’s issuance of the Form 1099.

CONSENT TO PARTICIPATE IN THE CLINCARD REIMBURSEMENT CARD SERVICE
If you would like to participate in the ClinCard reimbursement card program please sign this consent form in the spaces provided below. Please take as much time as you like to decide. Please ask your study coordinator any questions you may have.

You will receive a signed copy of this consent form.
By signing below, I agree that:

- I have read this consent form.
- I understand that participating in the ClinCard program is optional.
- I give permission to use and share my information about me as described in this form.
- I would like to participate in the ClinCard program and have read the disclosures and descriptions above.
- During the study I may change my mind and I may choose not to use the ClinCard program for the study by telling the study coordinator. I will not be penalized or lose any benefits to which I am otherwise entitled.
- I have had the chance to ask questions and all of my questions have been answered.

Print Name: ____________________________
Signature: ____________________________ Date: ____________

Person Conducting Informed Consent Discussion
Print Name: ____________________________
Signature: ____________________________ Date: ____________

CONSENT TO PARTICIPATE IN THE TEXT MESSAGING SERVICE

- I have read this consent form.
- I understand that using the text message service for the study is optional.
- I give permission to use and share my information about me as described in this form.
- I would like to receive the optional text message service and have read the disclosures and descriptions above. During the study I may change my mind and I may choose not to use the text message service for the study by telling the study coordinator. I will not be penalized or lose any benefits to which I am otherwise entitled.
- I have had the chance to ask questions and all of my questions have been answered.

Indicate approval for text messaging option with your initials: _____ Date: ____________

CONSENT TO PARTICIPATE IN THE EMAIL SERVICE

- I have read this consent form.
- I understand that using the email service for the study is optional.
• I give permission to use and share my information about me as described in this form.

• I would like to receive the email reminder service and have read the disclosures and descriptions above.

• During the study I may change my mind and I may choose not to use the email service for the study by telling the study coordinator. I will not be penalized or lose any benefits to which I am otherwise entitled.

• I have had the chance to ask questions and all of my questions have been answered.

Indicate approval for email service option with your initials: ______ Date: __________