STANFORD UNIVERSITY Research Information Sheet

Protocol Director: Sean Mackey, MD, PhD

IRB Use Only
Approval Date: January 31, 2021
Expiration Date: January 31, 2022

Protocol Title: Online Screening for Potential Research Participants

DESCRIPTION: You are invited to participate in **a research study** that will help us identify if you can take part in current or future studies we are conducting in our lab. You will be asked to complete a screening survey asking for your name and contact information, demographics, information about your pain (if you have any), medication use, and relevant medical history.

TIME INVOLVEMENT: Your participation will take approximately 10 minutes.

RISKS AND BENEFITS: There is a small risk that people outside our research lab could learn this information, but we do our best to keep all your information confidential. The benefits which may reasonably be expected to result from this study are that you may be found to be a candidate for one or more studies conducted at our lab. **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 medical care.

PAYMENTS: You will not receive any payment for your participation.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this project, 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**. **The alternative is not to participate.** 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.

Authorization to Use Your Health Information for Research Purposes

Because information about you and your health is personal and private, it generally cannot be used for research purposes without your authorization. By consenting to participate in this research study by following the instructions at the end of this form, you are providing your authorization. The form is intended to inform you about how your health information will be used or disclosed in the study. Your information will only be used in accordance with this authorization form and the informed consent form and as required or allowed by law. Please read it carefully before indicating your consent.

The purpose of this research study is to add you to our database of potential study volunteers and check your eligibility for current or future studies. Your health information, including but not limited to, your responses to the online survey questions could be utilized in this study.

You do not have to provide your authorization. But if you do not, you will not be able to participate in this research study. Agreeing to this will not impact your clinical care.

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If you decide to participate, you are free to withdraw your authorization regarding the use and disclosure of your health information (and to discontinue any other participation in the study) at any time. After any revocation, your health information will no longer be used or disclosed in the study, except to the extent that the law allows us to continue using your information (e.g., necessary to maintain integrity of research). If you wish to revoke your authorization for the research use or disclosure of your health information in this study, you must write to: Sean Mackey, MD, PhD, 1070 Arastradero Road, Suite 200, Palo Alto, CA 94304.

Your health information related to this study, may be used or disclosed in connection with this research study, including, but not limited to, your name, contact information, demographics, information about your pain (if you have any), medication use, and relevant medical history as you report on the survey.

The following parties are authorized to use and/or disclose your health information in connection with this research study:

- The Protocol Director Sean Mackey, MD, PhD
- The Stanford University Administrative Panel on Human Subjects in Medical Research and any other unit of Stanford University as necessary
- Research Staff

The parties listed in the preceding paragraph may disclose your health information to the following persons and organizations for their use in connection with this research study:

- The Office for Human Research Protections in the U.S. Department of Health and Human Services

Your information may be re-disclosed by the recipients described above, if they are not required by law to protect the privacy of the information.
Your authorization for the use and/or disclosure of your health information will end on October 31, 2050 or when the research project ends, whichever is earlier.

CONTACT INFORMATION:
Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Sean Mackey, MD PhD, at (650) 725-9636.

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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)-723-2480 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

Please print a copy of this page for your records.

If you agree to participate in this research, please complete the survey.