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1. What is this form?

This consent form will help you decide whether to participate in the study. If you decide to participate, you will be asked to sign the form.

2. About the study

2.1. *What is the purpose of the study?*

Propeller Health offers a device called a **sensor** which records when people take their asthma or COPD medication and helps them to remember to take it. We are holding this study to confirm whether the Diskus inhaler sensor correctly records each time the Diskus is used.

No Diskus medication will be used during this study. We are not medical professionals and are not offering any medical advice or treatment. The sensor is FDA-cleared.

2.2. *Who can participate?*

You must be regularly taking a **Diskus medication** (Advair Diskus, Serevent Diskus, Seretide Diskus, or Flovent Diskus) to participate.

2.3. *What will I be asked to do?*

During the session, we will use **sample Diskus inhalers** containing no medication. These inhalers are empty, new, and have never been used. We will attach the sensor and ask you to demonstrate how you usually take your Diskus medication.

We will also take **spirometry** measurements. Spirometry is a simple test showing how fast you can inhale air. It involves strongly exhaling and inhaling through a tube.

We will take **video and sound recording** during session so that we have a record of the study results.

During break times during the session, we may **ask your opinion** on some other parts of the product (for example, emails and packaging). This helps us improve our product, and it is optional.

2.4. *What are the benefits and risks of being in this study?*

Benefits:

You will be given a **\$100 VISA gift card** in thanks for your participation!

Risks:

You may experience difficulty, discomfort, or frustration inhaling deeply through the Diskus or through the spirometer. No other risks are anticipated. We will provide a water bottle and break times in between tasks to help you feel comfortable.

2.5. *Can I stop participating?*

Yes; you can take a break or stop participating at any time without forfeiting payment. The session is expected to last **one hour**.

2.6. *How will you protect my information?*

Your information will be kept confidential and used only for the purposes of the study as

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described above. We will not contact you unless you indicate that you are interested in participating in future studies.

3. Consent and Recording Release

I have had a chance to read this consent form and ask questions, and I agree to participate in the study conducted and recorded by Propeller Health.

I understand that the information and recording is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the recording and understand the recording may be copied and used by Propeller Health without further permission.

I understand that participation in this study is voluntary and I agree to immediately raise any concerns during the session with the study administrator.

Participant signature: _____

Participant name (printed): _____

Date: _____