

**Payment:** You will receive a small gift in appreciation for participating in the study.

**If you have questions about the study, contact:**

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**If you have questions about your rights in the study, contact:**

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Website: [www.virginia.edu/vprgs/irb](http://www.virginia.edu/vprgs/irb)

**Agreement (Please check one of the following):**

I agree to participate in the research study described above.

I decline to participate in the research study described above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print your name here:** \_\_\_\_\_

**You will receive a copy of this form for your records.**

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