**Project Danica**

**Screener – Dermatologist**

**Nov 17th 2023**

**CONSENT FORM**

***IQVIA – PROJECT PARTICIPATION AND CONSENT FORM***

|  |  |
| --- | --- |
| ***Project Name*** | ***Danica*** |
| ***SFDC code*** | ***3000624*** |
| ***Recruiter/ Interviewer Name*** |  |

Good morning/afternoon, I am calling on behalf of IQVIA, an independent international healthcare market research organization. We are conducting a study regarding **understanding your treatment and management of Androgenetic Alopecia & Telogen Effluvium usage of Minoxidil in the same** and would like to speak to a small number of dermatologists in India about this subject. May I ask you a few preliminary questions?

**IF RESPONDENT IS ELIGIBLE SAY:**

The purpose of our study is to discuss **understanding your treatment and management of Androgenetic Alopecia & Telogen Effluvium and usage of minoxidil in the same.** The discussion will be conducted face to face and will last for about **45-60 mins**. The discussion will be arranged at a time to suit you and we can offer honorarium in appreciation of your time and participation.

Please let me reassure you that this Market Research is sponsored by a company and is conducted in accordance with International Market Research guidelines. The research is not designed to be promotional in any way – we are not trying to sell you anything. You have a right to withdraw from the interview at any time and withhold information as you see fit. All information provided will be treated in the strictest confidence and all data will only reported in a consolidated form – no personal information (including your name, email address and phone number) will be included in any reports provided to the company sponsoring the research, or to their affiliated companies or business partners.

Based on the (above) information, would you be interested in taking part in this market research program?

Yes……………………………………… …1 **→ CONTINUE**

No……………………………………… …2 **→ THANK AND CLOSE**

**Recruiter please read out -**

As I mentioned earlier, we would be pleased to offer a honoraria in appreciation of your time and participation in the study. This compensation will be provided through PAYTM

1. Do you agree to receive compensation in this method?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

**[USE IF APPLICABLE]** I am going to audio record our discussion, because I cannot possibly remember everything that is said or write it down. However, as I mentioned earlier the meeting is completely confidential. The recordings will be listened to by an analyst who will summarise the data for confidential reporting purposes.

1. Do you agree to audio recording of the interview?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ THANK AND CLOSE**

It may also be necessary at a future date to re-contact you if we have a query on any of the information you have provided for our analysis.

1. Do you agree to be re-contacted in case of a query?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ CONTINUE BUT NOTE ON FILE**

**[USE IF APPLICABLE TO PROJECT]**

**Adverse Events**

We are now being asked to pass on to our client details of adverse events that are mentioned during market research interviews. Although what you say will of course be treated in confidence, should you raise an adverse event during the discussion we will need to report this even if it has already been reported by you directly to the company or regulatory authorities. In such a situation you will be asked whether you are willing to waive the confidentiality given to you using the market research codes of conduct specifically in relation to that adverse event. Everything else you say during the interview will continue to remain confidential, and you will still have the option to remain anonymous if you so wish.

**RECRUITER:** Did the respondent agree to the AE statement?

Yes………………………………………1 **→ CONTINUE**

No……………………………………….2 **→ CONTINUE BUT NOTE ON FILE**

**CONSENT TO PROCESSING OF PERSONAL DATA OF MARKET RESEARCH PARTICIPANT**

This form constitutes a privacy notice explaining how [IQVIA AG] (“IQVIA”/ “we”, “our”, “us”) will process your personal data for purposes of the Study and a consent declaration form for you to give your consent to this use, should you so choose.

For the purposes of this form, “personal data” means any data relating to you as a person and your personal circumstances, including your contact details, information about your specialization and responses provided in the course of participating in the Study.

If you choose to participate in the Study, you will need to read the following information carefully and provide your consent.

**PURPOSE OF PERSONAL DATA PROCESSING:**

IQVIA will serve as the Controller of personal data collected, and processing of such personal data will relate to conducting the Study and any follow-up contact that you have consented to.

Your responses and any personal contact information you provide in participating in the Study (i.e.: name, business address, email address, and phone number) will be processed by the IQVIA group of companies (“IQVIA”) on a strictly need-to-know basis, for purposes of informing IQVIA and its client(s) about [INSERT DESCRIPTION OF STUDY eg. global survey of pathologies and their therapeutic approaches / evaluation of promotional activities of the pharmaceutical industry.]

**THIRD PARTY TRANSFERS**

In order for IQVIA to conduct the Study, IQVIA may need to transfer your data to third party companies providing services to IQVIA. IQVIA shall ensure adequate contractual terms are in place with such third parties in order to ensure there are protections for your data.

If such third parties are located outside the EEA which may not benefit from a European Commission adequacy decision, IQVIA shall ensure Standard Contractual Clauses approved by the European Commission are in place with such third parties in order to ensure an adequate level of protection.

Your data will not disclosed to the Study sponsor except in aggregated or non-identified form, provided however that your identity may be disclosed to the Study sponsor and the applicable national regulatory authority if you give your consent for your personal details to be passed on in the event of adverse event reporting, or if the Study Sponsor is required to do so by applicable law to meet mandatory regulatory reporting requirements.

**HOW WE STORE YOUR INFORMATION AND YOUR RIGHTS**

We retain your data for no longer than is necessary for the purposes for which your personal data is collected. Your responses in the Study and your associated personal data will be maintained for ­­­3 years except to the extent required to comply with a legal obligation.

You may contact us to request access to your personal data or to be provided with information on your personal data stored by us, object to the processing of it and request that we correct or delete it. If you have any queries or wish to know more about the information we hold, you can call us on- (Contact number) & (IQVIA Email ID) or contact our data protection officer mentioning the name of the Study and one of our team will be happy to assist. You also have the right to complain to a data protection authority in the country where you live, work, or where you believe data protection laws have been breached.

The granting of your consent is voluntary and may be revoked at any time without any detrimental effect to you. You will not suffer any detriment should you choose not to participate in the Study.

**COMPLIANCE WITH ANTI-CORRUPTION AND ANTI BRIBERY LAWS:**

You confirm that you are not a Government Official with the ability to influence IQVIA business and have not taken any action, directly or indirectly, that would constitute a violation of any applicable law including any anti-corruption laws or regulations (such as FCPA or UKBA), or IQVIA’s Policy against Bribery and Corruption.

You further confirm that in carrying out the Interview, you have not directly or indirectly made an, offer, authorized, promised to make, or received any Payment:

* to obtain or retain any contract, business opportunity or other similar benefit; or
* to or for the use or benefit of any Government Official; or
* to any person where such Payment violates any laws, decrees, regulations or policies having the force of law in the country or countries of such person or applicable to such person or the laws of [the United States of America and] England and Wales] ; or
* to or from any person, whether or not a Government Official, with the intention to bring about or reward the improper performance of a duty or obligation to which you are subject to; or with the knowledge or belief that the acceptance of the advantage in itself constitutes the improper performance of your duty or obligation;
* By participating in this study/survey, you confirm that you are authorized to participate without violating any other commitments/engagements/contracts including but not limited to your employment contract/charter/rules and service agreements.

***Following new regulations, we require you to indicate that you have understood and agree to the information above by signing on the project participation sheet.***

*PLEASE COMPLETE DETAILS ACCURATELY AS THIS INFORMATION WILL BE USED TO PROCESS THE PAYMENT.*

|  |  |  |
| --- | --- | --- |
| **PROJECT NUMBER** | ***3000624*** | *To be completed by IQVIA* |
| **PROJECT NAME** | Project Danica |
| **DATE OF INTERVIEW** |  | *To be completed by Participant* |
| **DOCTOR NAME** |  |
| **SPECIALITY** | Dermatologists |
| **COUNTRY** | India |
| **CITY** |  |
| **HOSPITAL/CLINIC NAME** |  |
| **TELEPHONE** |  |
| **MOBILE** |  |
| **DATE OF BIRTH** |  |
| **E-MAIL ADDRESS** |  |
| **CARD DELIVERY ADDRESS** |  |  |
| **INCENTIVE TYPE** |  |  |
| **INCENTIVE AMOUNT**  |  |  |

**PARTICIPANT CONSENT:**

* **YES**, I want to take part in the Study as outlined above and confirm my consent to the collection, storage and use of my personal data as outlined above.
* **YES**, I confirm that I may be contacted by IQVIA directly by telephone or e-mail using the contact information I have given above.
* **YES,** I have complied with anti-corruption and anti-bribery laws.
* **YES,** I agree to have received the incentive as stated above, in lieu for my interview.

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

**CENTERS AND SAMPLE SPREAD**

|  |  |  |
| --- | --- | --- |
| **CENTERS** | **MOD-1** | **TUGAIN PRESCRIBERS** |
| MUMBAI | 5 | 3 HIGH, 2 MEDIUM |
| DELHI | 5 | 3 HIGH, 2 MEDIUM |
| KOLKATA | 2 | 1 HIGH, 1 MEDIUM |
| BENGALURU | 3 | 2 HIGH, 1 MEDIUM |
| CHENNAI | 3 | 2 HIGH, 1 MEDIUM |
| HYDERABAD | 3 | 2 HIGH, 1 MEDIUM |
| PUNE | 3 | 2 HIGH, 1 MEDIUM |
| AHMEDABAD | 3 | 2 HIGH, 1 MEDIUM |
|  |  |  |
| **TOTAL** | **27** |  |

**AFTER READING THIS, CONTINUE WITH THE SCREENER**

|  |
| --- |
| **SCREENER QUESTIONS** |

***MODERATOR SCRIPT:*** *We would like to understand about your practice profile, patient load and indications seen for skin diseases, specifically Androgenetic Alopecia & Telogen Effluvium conditions*

**S1.** Which of the following best describes your medical speciality? **SINGLE CODE ONLY. INTERVIEWER TO ALSO CHECK THE MEDICAL SPECIALITY MENTIONED ON THE BOARD**

|  |  |  |
| --- | --- | --- |
| **SPECIALTY** | **CODE** | **ACTION** |
| DERMATOLOGIST WITH COSMETOLOGY PRACTICE IN HAIRFALL | **01** | **RECRUIT AS PER QUOTA** |
| DERMATOLOGIST | **02** |
| Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **99** | **THANK & TERMINATE** |

**ACTION: RECRUIT DERMATS = 20 AND DERMATS + COSMETOLOGY PRACTICE = 7**

**S2.** Doctor, can you tell me the type of practice you are involved in?

**DO NOT PROMPT, MULTIPLE CODING POSSIBLE**

|  |  |  |
| --- | --- | --- |
| **PLACE OF PRACTICE** | **S2** | **ACTION** |
| **CODE** |
| In a private clinic (solo practice only) | 1 | **CONTINUE** |
| In a private clinic (group practice / polyclinic) | 2 |
| In a private hospital / multispecialty hospital | 3 |
| In a private clinic attached to private hospital | 4 |
| In a private nursing home | 5 |
| Others | 99 | **TERMINATE** |

**S3.** What % of your time is spent consulting in your private practice? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **% TIME IN PRACTICE** | **CODE** |  |
| LESS THAN 80% | 1 | **TERMINATE** |
| GREATER THAN 80% | 2 | **CONTINUE** |

**S4.** May I know the total number of years you have spent practicing as a doctor? **RECORD VERBATIM**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TOTAL NUMBER OF YEARS OF PRACTICE** |

**ACTION: TERMINATE IF LESS THAN 5 YEARS AND MORE THAN 30 YEARS OF PRACTICE**

**S5.** Doctor, on an average, how many patients do you consult in a month including all indications? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **TOTAL NUMBER OF PATIENTS** |

ACTION: CONTINUE IF >400 PATIENTS SEEN PER MONTH ELSE TERMINATE

**S6.** Doctor, of the patients that you consult on an average in a month, what % suffer from HAIRFALL disorders? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **% OF PATIENTS** |

**FIELD: RECORD ACTUAL NUMBER OF PATIENTS IN EXCEL**

**ACTION:**

**CONTINUE IF >40% PATIENTS SUFFERING FROM HAIRFALL ELSE TERMINATE**

**S7.** Doctor, of the HAIRFALL PATIENTS that you consult on an average in a month, what % suffer from ANDROGENETIC ALOPECIA + TELOGEN EFFLUVIUM disorders? **RECORD EXACT NUMBER**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **% OF PATIENTS** |

**FIELD: RECORD ACTUAL NUMBER OF PATIENTS IN EXCEL**

**ACTION:**

**CONTINUE IF >50% PATIENTS SUFFERING FROM THESE 2 CONDITIONS ELSE TERMINATE**

**S8.** Doctor, are you aware of below MINOXIDIL SKUS for treatment management of ANDROGENETIC ALOPECIA + TELOGEN EFFLUVIUM?

|  |  |  |
| --- | --- | --- |
| **MOLECULES** | **S9.AWARENESS****(YES/NO)** | **CODE** |
| MINOXIDIL 2%, 5%, 10%  |  | **NO – TERMINATE** |
| MINOXIDIL + FINASTERIDE  |  |
| MINOXIDIL + FINASTERIDE + PEPTIDE |  |
|  |  |

**S9. D**octor, what % of your patients are on below mentioned BRANDS of MINOXIDIL for treatment management of ANDROGENETIC ALOPECIA + TELOGEN EFFLUVIUM?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MINOXIDIL BRANDS** | **COMPANY** | **% PATIENTS** | **QUOTA** | **CODE** |
| MINTOP  | Dr. Reddy’s |  | **AS PER QUOTA ELSE TERMINATE** | **1** |
| MORR | Intas |  | 2 |
| TUGAIN | Cipla |  | **CONTINUE IF 30%< OR 15%< (AS PER QUOTA)** | 3 |
| OTHER \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**NOTE: INTERVIEWERS SHOULD KEEP A RECORD OF ALL DOCTORS GETTING TERMINATED ON S11**

**TABLE WITH QUOTA FOR RECRUITMENT OF DERMATS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Size** | **Dermat Quota** | **Quotas** | **Code** |
|  |  |  |  |
| **70% (High Rx)** | 16 | High Prescribers of TUGAIN (30%<) | 1 |
| **30% (Medium Rx)** | 11 | Medium Prescribers of TUGAIN (15%<) AND High Prescribers of MINTOP OR MORR (30%<)  | 2 |
|  |  |  |  |
| **Total** | **27** |  |  |

**S10.** Are you associated with any pharmaceutical company as an employee, a panel member or consultant? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | 1 | **THANK AND CLOSE** |
| No | 2 | **CONTINUE** |

**S11.** Have you participated in any market research study related to hairfall in the last 1 month? **SINGLE CODE ONLY**

|  |  |  |
| --- | --- | --- |
| **RESPONSE** | **CODE** | **ACTION** |
| Yes | 1 | **THANK AND CLOSE (TERMINATE)** |
| No | 2 | **CONTINUE** |

**S12.** Record Gender of Doctor. **DO NOT ASK. ONLY CODE APPROPRIATELY. SINGLE CODE ONLY**

|  |  |
| --- | --- |
| **GENDER** | **CODE** |
| Male | 1 |
| Female | 2 |

**IF RESPONDENT QUALIFIES, SAY:**

Thank you very much for your responses and your time. I would request your time now for the Main Interview. The interview will last approximately 60 minutes, and has questions related to understanding physicians’ perspective on the **treatment and management of Androgenetic Alopecia & Telogen Effluvium disorders**. Please be assured that the interview is being conducted under the Market Research Society’s Code of Conduct, whereby your particulars will not be revealed to any other party

PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: / / 2023

TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/ pm

**--THANK AND CLOSE--**