

43 New Scotland Avenue, MC-28 Albany Medical Center Albany, NY 12208-3478 (518) 262-5079, FAX (518) 262-5528 OleyFoundation@gmail.com / www.oley.org

Help along the way

## Oley Online Survey Research Guidelines

To help companies solicit input to improve products and services, the Oley Foundation will recruit homePEN consumers, caregivers and/or clinicians to participate in an online survey created and managed by the company.

The following guidelines have been developed to help companies learn more about a specific topic, issue or product <u>and</u> to shield participants from marketing/promotional endeavors.

<u>Cost</u>: An estimate will be provided after receiving a company's completed application.

## Guidelines:

- 1. Companies should clearly and specifically define the purpose and objective of their research. Surveys must be submitted for approval at least 21 days prior the group.
- 2. Companies may provide non-branded, educational materials, or examples in an effort to solicit consumer input.
- 3. Companies, and any contractors they work with on this project, should not attempt to access participants' names and contacting information, or attempt to contact them after the survey.
- 4. Companies should not market or offer financial incentives for purchasing products/services, selling or distributing free products/services.
- 5. Companies must refrain from implying or directly stating anything negative about the products and services of other companies in the survey.
- 6. Statements about the properties, performance or beneficial results of products or services mentioned in the survey should be such that they can be verified by adequate data published in scientific literature. Companies should not imply or directly make statements that are misleading, exaggerated, subject to misinterpretation, or are contrary to accepted scientific findings.

Questions: Contact Joan Bishop bishopj@mail.amc.edu or Roslyn Dahl dahlr@mail.amc.edu

Fee charged for the focus group does not include the cost of creating/managing the survey, incentives, etc.

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## Oley Online Survey Research Application

Please review the guidelines, complete this application and return it to the Oley Foundation at your earliest convenience. Upon approval we will arrange to have the appropriate individuals participate in your online survey research.

A. Company Information
Company Name:
Contact Person: Telephone: () —
Email Address:@
B. Research Information
Title of Survey Research:
Purpose/Objective of the Survey:
I've attached a copy of the survey for Oley to review.  Describe as specifically as possible the number and type participants you'd like Oley to recruit for your survey. If you choose more than one set of criteria, indicate how many participants for each set of criteria are desired. Some criteria to consider:  • Type of member (consumer, caregiver, clinician)  • Therapy they have experience with (enteral, parenteral, don't care)  • Age of participant (if caregiver, specify caregiver of adult consumer or pediatric consumer)  • Diagnosis (e.g. motility disorder, short bowel syndrome, Crohn's disease, etc.)  • Specific experience (e.g. ambulatory pump user, uses low-profile tube, uses port-a-cath)
For repeat clients: Is recruiting past participants okay for this project? Yes No  Can multiple members of the same family/household participate in this project? Yes No  Date(s) surveys to be distributed:
Date(s) responses desired by:
Incentive, if any, to be distributed to participants:
(Company's responsibility to distribute)

Does the company wish to remain an	nonymous? Yes No
Do you want Oley staff to use a speci Yes, I've included the que No, Oley can create its o	
I've emailed an invitation Oley c	can use to recruit participants.
Can Oley use social media to recruit	for this project? Yes No
Statement of conduct: Our company providing educational opportunities f	y understands the guidelines and respects Oley's mission of for all members of the homePEN community. In keeping with surveys as a sales forum, nor contact participants following the
Your Name:	Title:
Signature:	Date:
For Oley office only.	**************************************