

COMPANY PROFILE

1. What experience does your company have in providing online samples for market research?

Fine Research, is an independent data collection agency founded in 2000 that has run thousands of market research projects, through its own offices all over Latin America.

Focused on fielding for international colleagues is a certified supplier of the leading 5 worldwide marketing research groups plus hundreds of middle size market research colleagues, positioning itself as the leading independent fieldwork network in LatAm.

In 2008, founded Fine Panel, the first regional physician panel covering Brazil, Mexico, Argentina, Colombia and Chile.

Fine Panel, has run over 2000 healthcare projects in 12 countries, 70 specialties for the medical full service and online panel industry leaders, which has allowed us to shape our processes and practices.

Fine Panel currently holds records of over 400,000 doctors and has over 70,000 active panelists (defining as such those that had a recent participation).

Fine Panel provides local support lines in real time and local language and also a local office in each of the countries that panelists can use to check legitimacy of the projects. Our strength relies on the fact we add online expertise with local country offices and off line own staff which proves to be required in many otherwise challenging projects.

The panel is actively monitored and managed by our panel management team. We structure the sample based on basic calculations (sample size, incidence and length of the interview), target profile plus past experiences (participation and response rates).

Furthermore, we have an excellent current understanding of our capability and have developed sophisticated software tools that allow us to control most of the process automatically.

SAMPLE SOURCES AND RECRUITMENT

2. Please describe and explain the type(s) of online sample sources from which you get respondents. Are these databases? Actively managed research panels? Direct marketing lists? Social networks? Web intercept (also known as river) samples?

First our initial and main source has been medical custom research before panel building. Second we are continuously recruiting to supplement panel outcomes by phone or in person.

Recruiting is based on public sources contact details and our community is actively managed providing doctors with own accounts where they can track participations, access to medical

information published in local and international magazines, and social networking tools with colleagues all over Latin America.

We recruit our panel from a wide array of sources, ...

o F2f / Phone recruits

o Medical leads

3. If you provide samples from more than one source: How are the different sample sources blended together to ensure validity? How can this be replicated over time to provide reliability? How do you deal with the possibility of duplication of respondents across sources?

All of our panel members are stored in a central single database, and since we do not use third party panels we have in file full details of any participant in any projects, which enables us to guarantee sample quality, non-duplication and integrity

Panel members can log in at any time and update their details or unsubscribe, from the panel and we regularly clean the panel from non-active or invalid e-mail members.

Every respondent is validated before being interviewed. This includes unique contacts only are updated asides of verifying registration details. When we work to top up samples coming from another vendor/client automatic process are in place to exclude repeated contacts. Same exclusion lists are provided to our custom phone or f2f recruiting team to avoid any duplication.

4. Are your sample source(s) used solely for market research? If not, what other purposes are they used for?

Panelists are only contacted for market research purposes. They get free services such as social media platform for interaction and access to latest news and medical articles

Only for sample research asides of free data access and networking tools we offer for panel member benefits and with no other lucrative purpose

People are invited to participate in a medical community where they can give their opinion about topics of their expertise and take part in market research studies with a chance to earn consulting fees.

Panelists are informed that:

- The data we gather is only used for market research purposes.
- Fine will not share personally identifiable information.

- Fine is and always will be free.
- They can unsubscribe at any time.

5. How do you source groups that may be hard to reach on the internet?

Context:

On difficult project we use multi method approaches including phone to web and or in person to web using city teams in most countries carrying notebooks and mobile connections. This enables to reach doctors who otherwise would not be contactable since do not have broadband or use internet regularly.

We use our own local resources in place since we have own recruiting teams in Brazil, Chile, Mexico, Argentina and Colombia.

Also use extensive panel profiling, to provide an accurate and effective project targeting.

6. If, on a particular project, you need to supplement your sample(s) with sample(s) from other providers, how do you select those partners? Is it your policy to notify a client in advance when using a third party provider?

We do not use third party panel providers; all projects are fulfilled with our own panel.

Sometimes we need to use custom recruiting in countries we do not have own offices (ie. such as Venezuela, Peru or Central America). Client is notified in such events.

SAMPLING AND PROJECT MANAGEMENT

7. What steps do you take to achieve a representative sample of the target population?

Our panel is multi source, and diverse in its origin. In addition we control quotas by region or others based on project requirements

8. Do you employ a survey router?

Yes

9. If you use a router: Please describe the allocation process within your router. How do you decide which surveys might be considered for a respondent? On what priority basis are respondents allocated to surveys?

Priority is managed actively by email invitations targeted according to project quotas, according to project needs. But doctors can connect to see surveys availability at any time, being a secondary access source.

10. If you use a router: What measures do you take to guard against, or mitigate, any bias arising from employing a router? How do you measure and report any bias?

Since access through routing represents only 10% of the total completes, this ensures providing an enhanced productivity tool without generating any relevant bias.

11. If you use a router: Who in your company sets the parameters of the router? Is it a dedicated team or individual project managers?

Individual project managers control their own project sources of completion and coordinate emailing practices

12. What profiling data is held on respondents? How is it done? How does this differ across sample sources? How is it kept up-to-date? If no relevant profiling data is held, how are low incidence projects dealt with?

When a panelist registers he/she needs to complete mandatory demographic Information.

Information is collected at the end of every survey and updated in every access or not depending on the nature of the variable.

Country
Specialty
sub specialty
Diseases treated
Registration details
Year of specialization
City
Region
Place of practice
Industry screening

13. Please describe your survey invitation process. What is the proposition that people are offered to take part in individual surveys? What information about the project itself is given in the process? Apart from direct invitations to specific surveys (or to a router), what other means of invitation to surveys are respondents exposed to? You should note that not all invitations to participate take the form of emails.

They are offered to share their experience and opinions on a general topic area (i.e. diabetes) in exchange of an adequate fee for their time. Length of interview is also shared. Q&A to explain screening process is also enforced.

Panelists are invited by email or phone. Invitation includes:

- General topic of the survey
- Incentive information
- Length of questionnaire
- Unique Fine Panel URL to access the survey
- Unsubscribe link
- Contact and support email address
- Privacy information
- Q&A

14. Please describe the incentives that respondents are offered for taking part in your surveys. How does this differ by sample source, by interview length, by respondent characteristics?

Panel members are rewarded every time they complete a survey and also if they are screen out or are quota full (with a lower credit)

Incentives are done in money and vary depending on the difficulty and target of the survey

They are also offered to donate their honoraria to local charities to ensure we are also able to capture doctors with such interests. We have ongoing agreements with reputed charity associations in Brazil, Mexico and Argentina.

15. What information about a project do you need in order to give an accurate estimate of feasibility using your own resources?

Countries

Target

LOI

IR

Free found/based on client lists

Estimated Time frame if available

16. Do you measure respondent satisfaction? Is this information made available to clients?

Yes we monitor respondent's experience. Usually we do this with an open ended questions after every complete and screened out to get qual insights. Data is shared to clients when relevant remarks provided relate to their projects

17. What information do you provide to debrief your client after the project has finished?

We provide the following:

- Samples sizes completed per target
- Final Loi
- Final Incidence
- Final costs
- Start and ending dates
- Other reports on request

DATA QUALITY AND VALIDATION

18. Who is responsible for data quality checks? If it is you, do you have in place procedures to reduce or eliminate undesired within survey behaviours, such as (a) random responding, (b) Illogical or inconsistent responding, (c) overuse of item non-response (e.g. "Don't Know") or (d) speeding (too rapid survey completion)? Please describe these procedures.

We have developed a Quality Compliance team to ensure this and all panel quality policies are strictly followed. Current members included

Regional Compliance Policy Writer – Diego Casaravilla
Regional Compliance Policy Controller - Lorena Romo
Regional Compliance Officer – Melina Araneta
Local Country Field compliance members
Brazil – Sandra Miranda
Argentina – Fabiola Suarez
Mexico – Alberto Rosas
Colombia – Carolina Salcedo
Chile – Flavia Muñoz

The company has an established set of controls. Each project manager is responsible for operation and control in its own project, though a number of controls are automated, including consistency checks and real time alerts to the PMs.

If we are scripting we place control questions checks

Each complete is timed and speed is controlled, disqualifying speeders.

We also monitor IPs (not necessarily and issue since in LatAm institutional connections are very normal).

We also have automatic alerts real time email alerts for any repeated last name within a survey to check for duplication.

19. How often can the same individual be contacted to take part in a survey within a specified period whether they respond to the contact or not? How does this vary across your sample sources?

For frequent targets we have the ability to lock the sample between projects to avoid over emailing respondents and to produce a rotated sample.

Frequencies vary, as some targets/demographics are more often required than others.

In general a panelist receives 2-3 survey invitations per month, depending of the profile and country. Moreover, we always take into account the exclusion rules defined by our clients at the time of fielding a project.

20. How often can the same individual take part in a survey within a specified period? How does this vary across your sample sources? How do you manage this within categories and/or time periods?

Control is done by rotating emailing among random sub samples. We do not have a fixed rule for participation limit since survey offer and universe size, respondent availability varies significantly among categories/specialties. However participation is generally less frequent than twice a month.

Also if previous participation criteria is requested this can be used to lock samples, however this can affect completion rates so needs to be discussed on a project base.

21. Do you maintain individual level data such as recent participation history, date of entry, source, etc., on your survey respondents? Are you able to supply your client with a project analysis of such individual level data?

We do have and keep information on participation history, number of invites, number of participations, number of completed projects, date of entry and source among others.

Requests can be analyzed and can only be provided depending on the fact it does not collide any privacy standard and company policies.

22. Do you have a confirmation of respondent identity procedure? Do you have procedures to detect fraudulent respondents? Please describe these procedures as they are implemented at sample source registration and/or at the point of entry to a survey or router. If you offer B2B samples what are the procedures there, if any?

Each time a doctor registers into our platform he is able to interact in our social network and access published data but does not get access to any survey access point nor is included as part of our sample for any project.

When he/she signs up an email alert is received by staff dedicated to registration check. Data is verified against public records and once verified the doctor is set to active survey status, meaning he/she can access project invites.

There are several control mechanisms that allow us to minimize cheating and fraud:

Respondents are selected randomly and have no way of knowing when they will be contacted or which profile characteristics will make them more likely to be chosen.

We provide unique coded URLs with unique passwords to avoid multiple survey completion

We request and verify medical registration number which is compared to public records to make sure is a legitimate doctor. Our active database is 100% certified.

Automatic controls are in place to detect and provide real time internal email alerts on duplication of same names, repeating of same IP, and also real time comparison with exclusion list in case other parties are in place.

We exclude any opted out panellist and any member that could have been excluded from the client side .

All financial payments are to be done in accounts under the same name as certified.

All non-medical professions (nurses, dentists, opticians, pharmacists, vets, etc.) are not allowed to change their specialty (for instance, once registered as a nurse, this person will always be a nurse on the records, unless they request by writing and sending proof of registration in other profession/specialties.

Name changes are only allowed upon supervision. As a right, required by regulations, any member of a database can correct there personal information. But this is intended only for name spelling or minimal corrections (ie. missing second names to match bank accounts details, etc.). Every time there is name change an automatic email with previous and current name is sent to the regional compliance officer for revision and authorization

So in summary, provided doctor name are validated against public records and payments are only processed against bank accounts under those same names, thus excluding the possibility of identity frauds.

POLICIES AND COMPLIANCE

23. Please describe the 'opt-in for market research' processes for all your online sample sources.

All our panel members go through a double opt-in process. Once panel members initiate our registration process they must go through the following steps before they become a fully registered member:

- Complete basic contact and demographic information and accept the terms and conditions of membership.
- Confirmation e-mail is sent to e-mail address.

24. Please provide a link to your Privacy Policy. How is your Privacy Policy provided to your respondents?

We adhere and follow to EphMRA, ESOMAR, INSIGHT ASSOCIATION, PMRG AND ABEP practices regarding respondent's confidentiality. In addition we follow local countries medical codes and legislation regarding proper procedures and patient and doctor privacy.

Our panel rules and privacy standards can be found in

Spanish <http://finepanel.net/es/commitment>

Portuguese <http://finepanel.net/pt/commitment>

25. Please describe the measures you take to ensure data protection and data security.

All panellist information is kept under the strictest industry standard security methods in one of the top data centre facilities in the US.

Only by restricted password access can the panel team access to respondent details.

Access to sensitive emails, computers, personal respondents data, is restricted with passwords

Access to premises is restricted with alarm and unique codes

Access to server is limited with coded passwords, software encryption of server information

Work team protocol and blocking by Active Directory

Software and hardware security includes MAC filter, IP filter, only authorised network users
All internet connection are managed by server with updated firewall and antivirus, combined with IDS.

All suppliers and staff sign confidentiality agreements

26. What practices do you follow to decide whether online research should be used to present commercially sensitive client data or materials to survey respondents?

Confidentiality agreements are in place and are required before each participation.

27. Are you certified to any specific quality system? If so, which one(s)?

Operational Standards are in place but we are currently not certified by any specific quality system and are in the process of reviewing best standards to adopt.

28. Do you conduct online surveys with children and young people? If so, do you adhere to the standards that ESOMAR provides? What other rules or standards, for example COPPA in the United States, do you comply with?

Does not apply to our physician panel.