

Form Approved
OMB No.
Expiration Date:

Appendix 8a

Patient Recruitment Materials

<<Recruitment Letter for Adults>>

Dear Patient:

Your health care provider has recommended you for a new research study that is taking place in Bibb County, Georgia.

The Centers for Disease Control and Prevention (CDC) is sponsoring a new registry of unexplained fatiguing illnesses, including chronic fatigue syndrome (CFS). This registry will collect information on patients to study the history and track the changes in their illnesses. We are looking for people, like you, who have been severely tired, fatigued, or exhausted for a period of one month or longer. You may or may not have CFS.

Participating is as easy as 1 – 2 – 3.

Step 1: If you would like to participate, or just have questions, please let us know by filling out the *Consent to Contact* form and mailing it to us. Or if you prefer, send your contact information to us online at www.SS, or call us at ###-###-####.

Step 2: We will call you to answer your questions and with your permission, will interview you to see if you are eligible. This call will be at your convenience; the interview will take about ___minutes.

Step 3: If you qualify based on what you tell us during the interview, you will be invited for a clinical evaluation in Macon, at no cost to you or your insurance company. This evaluation will include a physical examination, laboratory tests, and a mental health interview. If you complete the evaluation, you will be compensated for your time and effort. Test results will be sent to you, and if you want, to your own health care provider.

A team of doctors from CDC will review your results. If they determine that your severe fatigue is not due to another illness or condition, you will be enrolled into the registry. Of course, should they find something unusual in your test results, Abt Associates will let you know so you can talk with your provider. Abt Associates will keep your information private. Even CDC staff will not know your name or where you live.

This registry is new. If the registry is successful, registry members will be recontacted periodically. Our goal is to call you back every year to check on you and see if your illness changes over time.

While your health care provider has recommended you, your participation is voluntary. That means you are free to take part in this study or not. If you decide not to participate, you will not lose any benefits to which you are already entitled.

If you are interested in participating, please complete the form called *Consent to Contact*, fold it, and seal it shut. Please give it to your provider to be mailed or take it home and mail it later. You may also use our secured website to sign up (website address:) or call us by phone at ###-###-####.

Thank you. We hope that you will take part in this important research study.