

Form Approved  
OMB No.  
Expiration Date:

Attachment 19

Post-clinical Evaluation  
Ineligibility Letter

(Reading level: 8.3)

Dear <FIRSTNAME LASTNAME>

Thank you for taking part in the Registry of Unexplained Fatiguing Illnesses and CFS. The Centers for Disease Control and Prevention (CDC) is conducting this research study. We appreciate the response that we have gotten from health care providers and their patients.

Each registry candidate completes a clinical evaluation. We use the clinical information to see if there are reasons that could explain why a person feels so tired. If the fatigue can be explained by a health condition, the person may not join the registry.

Thank you for completing your clinical evaluation. We examined your data to look for reasons that could explain your fatigue. Based on your evaluation, we cannot enroll you in the registry at this time. The information we collected from you indicates {INSERT TEXTSTRING REASON}, which may explain why you feel very tired. CDC advises that you see your health care provider for treatment.

Thank you for taking part in this study. If you have any questions, please call Abt Associates Study Director, Marjorie Morrissey, toll-free at \$\$\$-\$\$\$-\$\$\$.

Sincerely,