

Attachment 17A:

Buccal Cell Missing Consent Form Script

Agricultural Health Study Missing Buccal Cell Consent Forms

Public reporting burden for this collection of information is estimated to average twenty-five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0406). Do not return the completed form to this address.

Script

This is _____ at the University of Iowa. May I please speak to Mr./Ms. _____?

I'm calling about the buccal cell sample that you sent in for the Agricultural Health Study in (mo/yr). Thank you for doing this for us . . . we really appreciate it.

The reason I'm calling (today/tonight) is because we didn't get a signed consent form along with the sample you sent. We have a strict policy that won't allow us to use your sample without a signed consent form from you. Do you have any questions or concerns about the form that I can answer?

I'll go ahead and send out a new consent form so that you can read it over and sign it. We'll include a postage-paid return envelope so you can send it back to us. Is your address still (cohort member's address)?

<IF ADDRESS IS INCORRECT, PLEASE UPDATE IT ON CALL SHEET>

Thanks again for all your help with the study.