

Attachment 18A:

**Buccal Cell Re-Contact Script for Missing or
Damaged Buccal Cell Samples (Iowa)**

Public reporting burden for this collection of information is estimated to average thirty-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.

**AGRICULTURAL HEALTH STUDY
Damaged or Missing Buccal Cell Sample**

Script

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

Hello, Mr/Ms _____, this is _____ at the University of Iowa with the Agricultural Health Study. I'm calling about the buccal cell sample that you sent us in (mo/yr). Unfortunately when we received the envelope your sample had been damaged in shipping / your sample was missing.

I'm sorry to take up more of your time, but I'm calling to ask if we can mail you another collection kit to replace the damaged/missing sample?

IF YES→ Good. We will mail a replacement kit to you with a complete set of instructions and return envelopes. Is your address still...

(IF NOT, UPDATE ADDRESS ON CALL SHEET).

Please note that in addition to the buccal cell collection materials, the kit will contain two copies of a consent form. Please read this carefully, sign and return one copy with your sample. You may keep the other copy for your records. This is very important, as we cannot process your sample without a signed consent form.

[IF RESPONDENT MENTIONS THAT THEY SENT A CONSENT FORM WITH THE FIRST SAMPLE, EXPLAIN THAT WE WOULD LIKE FOR THEM TO SIGN AND DATE A NEW FORM TO CORRESPOND TO THIS SAMPLE. ALSO, IF A CANCER CASE, SEND A DUAL BUCCAL CELL SAMPLE COLLECTION KIT.]

If you have any concerns or questions about how to collect or mail this sample, please call us at the 800 number listed on the instruction sheet. We are always happy to assist you. Thanks again for all your help with the study.

IF NO→ Thank you very much for the time you have already given to the study.