HFHS Letterhead

Date

Clinician name
Address 1
Address 2
City State Zip

Dear [Clinician's name]:

The Centers for Disease Control and Prevention (CDC) asked [MCO] and Battelle Centers for Public Health Research to conduct a research study to test methods to increase colorectal cancer (CRC) screening. Study results will tell us what works to increase CRC screening, and will help [MCO] and the CDC to improve clinical training and patient education materials concerning CRC screening.

We began this study approximately one year ago, and implemented a randomized controlled trial to test the effects of patient- and clinic-focused interventions on CRC screening. Most primary care clinics at [MCO] are participating in this study. The survey includes questions about your background, your preventive services opinions, and your colorectal cancer screening training, experience, practices, and opinions.

We need the response of every clinician in our sample to make this important study valid and influential. Your experience and opinions are essential to this study. This survey will take approximately 30 minutes to complete. We realize your time is valuable, so we have enclosed $50 as a reimbursement for your time and effort.

Your responses will be compiled with those of other clinicians in the study, and your responses will private. Your name will not appear with the survey. No individual will be identified in the any papers or reports and all study findings will be presented in the aggregate.

Of course, completing this survey is completely voluntary, and you may choose to stop at any time or to answer only some of the questions. If you choose not to complete this survey, this will not have any adverse consequences for you, your practice, or your patients. Some questions about your provision of advice to patients, or about your practices that may differ from institutional clinical practice recommendations may cause you discomfort. The results of this study, however, will provide critical information for the CDC and [MCO] to improve methods to increase CRC screening rates. Your returning this survey provides your consent to participate.

Please return your survey in the envelope provided**. If you have any questions about this research study, please call [MCO Study Coordinator] at (xxx) xxx-xxxx.** If you have questions about your rights as a research participant, you may contact the Henry

Ford Health System IRB Coordinator at (xxx) xxx-xxxx. The IRB is a group of people who review the research to protect your rights.

We hope you will help us with this important study. Thank you for taking the time to complete this survey.

Sincerely,

[MCO contact]
[Clinic Mgr or
Research staff member]

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Last month, as part of this study, we requested your participation in a survey to learn more about your opinions and practices regarding colorectal cancer (CRC) screening. We included a payment of $50 as a reimbursement for your valuable time and essential input. Our records indicate that you have not yet returned your completed survey. If you have already completed and returned it, we thank you for your participation. If you have decided to participate and you have not yet completed and returned the survey, please do so now.

Every clinician sampled for this survey has valuable experience and opinions to contribute. Thus, we need the response of every clinician to make this important study valid and influential.

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the Lovelace Clinic Foundation's Institutional Review Board (IRB), at (xxx-xxx-xxxx) during weekday hours Pacific Standard Daylight Time. The IRB is a group of people who review research. They help make certain that the rights and welfare of the study participants are protected. They also make certain that the study is carried out in an ethical manner.

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