

MCO Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

~~The Centers for Disease Control and Prevention (CDC), [MCO] and Battelle Centers for Public Health Research are doing research to find out more about colon cancer testing. Your doctor works in a clinic that is in this research study. The Centers for Disease Control and Prevention (CDC) are funding this study.~~

~~We are doing this survey to help CDC find out what people think about colon cancer tests. The information from this survey will help CDC to find out why people get tested, and to improve materials about colon cancer testing for doctors to use with patients.~~

~~We began this study several months ago. We may have sent a similar survey to you then and you may remember filling it out. Please complete this new survey even if you did fill out a similar one a few months ago. Your responses are very important to us. This survey has questions about your opinions about colon cancer. It also has questions about the experiences you might have had talking with your doctor about colon cancer. Some questions ask about colon cancer tests you might have had. We would also like to know how you feel about talking to your doctor about these things.~~

As a [MCO] member, you are being asked to fill out a survey about colon cancer screening about your experiences talking with your primary care provider about it. We are very interested in your opinions, even if you have never been screened for colon cancer and even if you filled out a similar survey in the past. This survey will take about 30 20 minutes to complete. We have enclosed \$10 in appreciation for your time and effort.

[MCO] works to give its patients the best health care possible and you taking part in this study will help us do this. The Centers for Disease Control and Prevention, Battelle Center for Public Health Research and [MCO] are working together on this study. [HFHS only-statement regarding participant burden/task]. Please do not put your name on the survey. Your responses will be private and will be combined with answers from other people. We will not identify any person who was in the study in any articles papers or reports. None of your responses will be shown to your doctor.

Your participation in this research study is voluntary. You are free to choose to complete this survey or not. Your returning this survey lets us know that you have agreed to participate [HFHS]. You may receive a reminder to fill it out if you do not return the survey or a letter telling us you want to opt out. *If you are uncomfortable with any of the questions, you do not have to answer them. You may refuse to answer any of the questions.* If you do not want to complete the survey, it will not change the care you receive at [MCO] or coverage through [MCO] and you may keep the \$10. *Taking part in this survey does not mean that you have to take part in future surveys.*

HIPPA statement [ABQ HP/Lovelace only]

Please send your survey in the envelope provided ~~send your completed survey to Battelle. Please use the stamped and addressed envelope provided.~~ If you have any questions about this research study, please call ~~[Battelle contact] at Battelle, at (206) 528-xxxx or [MCO contact] at [MCO], at (xxx) xxx-xxxx.~~ If you have questions about your rights as a research subject, you may call ~~Battelle's human subject's supervisor, Margaret Pennybacker, PhD, at 1-877-810-9530, extension 500.~~ *[MCO IRB contact information]. [MCO IRB rights and responsibility statement].*

~~We hope you will help us with this important study. Thank you for taking this survey.~~

Sincerely,

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

Daniel Montaña, PhD
*Research Leader
Battelle Centers for Public Health
Research and Evaluation*

[Participant opt out statement]