

~~MCO Letterhead~~
HFHS or ABQ HP/Lovelace Letterhead

Date

Clinical Staff name
Address 1
Address 2
City State Zip

Dear [Clinical Staff's name]:

The Centers for Disease Control and Prevention (CDC) has asked [MCO] and Battelle Centers for Public Health Research to do research 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 for CRC screening.

We began this study about a year ago. Almost all primary care clinics in [MCO] are included in this study. The survey includes questions about your background and your colorectal cancer screening training, experience, practices, and opinions. Your experience and opinions are very important to us. This survey will take approximately ~~15 to 30~~ 20 minutes to complete. Because your time is valuable, we have enclosed \$25 as a reimbursement for your time and effort.

Your responses will be private. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports.

Your participation in this study is voluntary. You are free to choose to complete this survey or not. The only possible risk to you is that you may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not affect your employment at [MCO] in any way. Your returning this survey provides your consent. The results of this study will help the CDC and [MCO] to improve methods to increase CRC screening.

Please use the envelope provided to ~~send your completed survey to Battelle~~. If you have any questions about this research study, please call [~~Battelle contact MCO Study Coordinator~~] 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 subjects supervisor, Margaret Pennybacker, PhD, at 1-877-810-9530, extension 500.~~ [*Insert Appropriate MCO Contact Information and IRB Information, as needed*].

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

Sincerely,

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

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

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Date

Clinical Staff name
Address 1
Address 2
City State Zip

Dear [Clinical Staff's name]:

Last year [MCO] and Battelle Centers for Public Health Research began a study in collaboration with the Centers for Disease Control and Prevention (CDC) 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.

Last month, as part of this study, we sent you a survey to find out your colorectal cancer (CRC) screening opinions and practices. We also sent a payment of \$25 as a reimbursement for your time and important responses. Our records show that you have not yet sent in your completed survey. If you have already filled it out and sent it in, thank you. If you have decided to participate and you have not yet filled out the survey, please do so now.

Your responses will be private. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports.

Your participation in this study is voluntary. You are free to choose to complete this survey or not. The only possible risk to you is that you may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not affect your employment with the [MCO] in any way. Your returning the survey provides your consent. The results of this study will help the CDC and [MCO] to improve methods to increase CRC screening.

In case you need it, enclosed is another copy of the survey and a return envelope. Please use the return envelope we provided to send your completed survey to Battelle. If you have any questions about this research study, please call [~~Battelle contact~~ MCO Study Coordinator] 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 subjects supervisor, Margaret Pennybacker, PhD, at 1-877-810-9530,~~ extension 500. [*Insert Appropriate MCO Contact Information and IRB Information, as needed*].

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]

~~Daniel Montañó, PhD~~
~~Research Leader~~
~~Battelle Centers for Public Health~~
~~Research and Evaluation~~