Form Approved OMB No. 0920-xxxx Expiration Date: xx/xx/xxxx

Attachment 7

PCP Survey Cover Letter

[Date]

Dear «title» «lname»:

We would like to invite you to take part in a research study. We are contacting physicians and nurses who are currently practicing in Massachusetts.

The purpose of this study is to learn about physicians' and nurses' attitudes and practices regarding the screening, diagnosis and referral of patients with suspected hematological malignancies. We will be asking you some general questions about you and your practices. We are particularly interested to know the factors that influence providers to make referrals to specialists, and the criteria typically used to select a specialist to whom they would refer.

Our research study consists of a one-time survey, which we think will take you about 20 minutes. We would greatly appreciate it if you would take the time to fill out the questionnaire that is attached to this letter. Then please mail it back to us in the enclosed envelope. You may also opt to do the survey online at www.tobedetermined.dfci.harvard.edu. We will compensate you (\$100) for your time.

We will keep your answers to this survey secure. No one will have access to your individual answers to the survey questions except for the study staff. All study data will be entered into a password-protected electronic database which will be destroyed one year after publication of any resulting papers. If you need to contact us for any reason, we will keep the details of that contact in a confidential manner.

There are no anticipated risks from participating in this study. If any of the items in the survey raise questions or concerns in your mind, please feel free to contact us at the number below. There are no direct benefits to you from taking part in the survey, but we anticipate that the information we learn will be of great benefit to patients with potential hematologic malignancies and to health care professionals who are involved in their treatment.

You do not have to take part in this study. Your decision to take part or not is completely voluntary. If you do not want to be contacted further about this study, please return the enclosed "opt-out" postcard or call us at 617-632-2304 to let us know. If we do not hear from you in about

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two weeks, we will send a reminder by mail, then a second survey in about two more weeks. After another two weeks, we may telephone you to verify receipt of the questionnaire and will offer to complete the survey by telephone or via a web response.

This study is being sponsored by the Centers for Disease Control and Prevention (CDC) and has been approved by the Institutional Review Board, a committee at Dana-Farber that is responsible for overseeing research with patients. If you have any questions about this study, please feel free to contact me at 617-632-2304. Thank you for your help with this important study.

Sincerely,

Gregory A. Abel, MD, MPH