#### **ATTACHMENT 24**

# **BEEA Pre-Visit Reminder Letter and Confirmation**Call Script for Iowa and NC

- 24A. BEEA Pre-Visit Reminder Letter for Iowa Respondents
- 24B. BEEA Pre-Visit Reminder Letter for North Carolina Respondents
- 24C. BEEA Pre-Visit Confirmation Call Script

## Attachmemt 24A: BEEA IA Pre-Visit Reminder Letter (Both Groups/All Visits) Study of Biomarkers of Exposures and Effects in Agriculture

Date

To: Mr. <name or names entered here>

From: Charles Lynch, M.D., Ph.D. Director, Iowa Field Station

This letter is to remind you about our appointment at your home, {STREET ADDRESS/CITY/STATE/ZIP} on {DATE} at {TIME} for a home visit for the Biomarkers of Exposures and Effects in Agriculture (BEEA) Study.

We will be calling you within the next week to confirm the appointment and answer any questions you have.

Please review the information sheet on preparation for the home visit carefully and follow the instructions precisely. Note that for the duration of the visit, we will need quiet, uninterrupted time with you, and an area with a table such as a kitchen or dining room. If you have any questions about the instructions, please ask them when we call you before the visit.

If you have any questions or concerns, please contact Ellen Heywood, study coordinator at 1-800-217-1954. Please specify that you are calling about the BEEA Study. If you have questions or concerns about your rights as a research subject please contact the Human Subjects Office, 300 College of Medicine Administration Building, The University of Iowa, Iowa City, Iowa, 52242, (319) 335-6564, or e-mail irb@uiowa.edu. Again, we want to thank you for your assistance in making the Agricultural Health Study an important and successful study of health in the agricultural community. We look forward to speaking with you soon.

### Attachment 24B: BEEA NC Pre-Visit Reminder Letter (Both Groups/All Visits) Study of Biomarkers of Exposures and Effects in Agriculture

Date

Dear Mr. <name or names entered here>,

This letter is to remind you about our appointment at your home, {STREET ADDRESS/CITY/STATE/ZIP} on {DATE} at {TIME} for a home visit for the Biomarkers of Exposures and Effects in Agriculture (BEEA) Study.

We will be calling you within the next week to confirm the appointment and answer any questions you have.

Please review the information sheet on preparation for the home visit carefully and follow the instructions precisely. Note that for the duration of the visit, we will need quiet, uninterrupted time with you, and an area with a table such as a kitchen or dining room. If you have any questions about the instructions, please ask them when we call you before the visit.

If you have any questions or concerns, please contact Margaret Hayslip, study coordinator toll free at 1-800-424-7883. Please specify that you are calling about the Biomarkers of Exposures and Effects in Agriculture (BEEA) Study. Again, we want to thank you for your assistance in making the Agricultural Health Study an important and successful study of health in the agricultural community. We look forward to speaking with you soon.

Sincerely,

Charles Knott, MPA, PMP Director, North Carolina Field Station

#### ATTACHMENT 24C: BEEA PRE-VISIT REMINDER CALL SCRIPT (BOTH GROUPS/ALL VISITS)

#### Study of Biomarkers of Exposures and Effects in Agriculture

Hello, Mr, my name is	I will be coming to your
home to interview you and collect your be Study of Biomarkers of Exposures and E	•
I just wanted to remind you that the visit (TIME) (AM/PM).	is scheduled for (tomorrow/DATE) at
Did you receive the urine collection kit are chance to review them? Do you have any to collect this sample on the morning of you refrigerator until I come to pick it up.	y questions at this time? Please be sure
IF FIRST/OFF-SEASON VISIT: Have you had a chance to review the conhave any questions at this time? We will (tomorrow).	•
For the duration of the visit, we will need kitchen or dining room, in which to comp Do you have space that can be used for	lete the interview and blood collection.
Do you have any questions or concerns	at this time?
CONFIRM ADDRESS AND ASK FOR D	IRECTIONS IF NECESSARY.

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