

**TELEPHONE SCRIPT FOR INITIAL CONTACT
WITH THE ELIGIBLE BLOOD DONOR**

Public reporting burden for this collection of information is estimated to average (.08) hours [or 5 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-xxxx*). Do not return the completed form to this address.

REDS-II: PDI STUDY Telephone Script

For: First Phone Call to the Eligible Donor

Purpose:

1. Introduce study objectives
2. Briefly explain requirements for participation
3. Obtain permission to mail a study packet

A. INTRODUCTION:

Hi, my name is _____, and I'm calling from <Blood Center Name>.

I would like to speak to [DONOR'S NAME].

- 1 - DONOR ON PHONE → GO TO Section B.
- 2 - IS NOT DONOR, BUT DONOR IS AVAILABLE → GO TO INTRO A
- 3 - DONOR NOT AVAILABLE → ASK FOR BETTER TIME TO SPEAK TO THE DONOR, THANK AND TERMINATE; CALL BACK OTHER TIMES.
- 4- DONOR NO LONGER ASSOCIATED WITH THIS NUMBER → CHECK TO SEE IF ADDITIONAL INFORMATION IS AVAILABLE, CALL ALTERNATE PHONE NUMBER IF AVAILABLE. THANK AND TERMINATE

B. INTRODUCE STUDY OBJECTIVES:

I am contacting you today because <Blood Center Name> is conducting a study to find out about blood donor's experience at the time of donation and also to find ways to improve the health history screening process. You have been selected to participate in this study because you have recently visited our blood center and have either donated blood or have attempted to donate blood.

If you agree to take part in this study, you will receive \$25 for participating in a 30 minute telephone interview. Your participation in the study is voluntary and will not impact your future relationship with the blood center.

Will you be interested in participating in this study?

1-**Yes**→GO TO SECTION C

2-**NO**→THANK YOU FOR YOUR TIME. IF YOU CHANGE YOUR MIND AND DECIDE TO PARTICIPATE PLEASE CALL US AT <PHONE NUMBER>.

3-**MAY BE**→ANSWER ANY QUESTIONS.

SECTION C:

Thank you for agreeing to participate. I will be mailing you a study packet that will provide more details about the study objectives and sponsors. Study packet will also include a consent form and a postage paid envelope. Please read all study material including the consent form very carefully, sign the consent form and mail it back to us at your earliest convenience.

Our blood center records have your address that will need you to verify and if it will be ok to send the study packet at this address:

<Say the address slowly and clearly>

Q. Is this the correct address?

1- **YES**→GO TO NEXT QUESTION

2- **NO**→ASK FOR CORRECT ADDRESS AND NOTE

Q. SHOULD I MAIL THE STUDY PACKET AT THIS ADDRESS?

1- **YES**→GO TO SECTION D

2- **NO**→NOTE THE ADDRESS

SECTION D:

THANK YOU FOR YOUR TIME AND WILLINGNESS TO PARTICIPATE IN THIS STUDY. YOU WILL BE RECEIVING A STUDY PACKET IN NEXT COUPLE DAYS. PLEASE CALL <NAME> AT <PHONE NUMBER>, IF YOU HAVE ANY QUESTIONS.

THANK YOU!