

Insight into the Determination of Exceptional Aging and Longevity

National Institute on Aging / NIH
NIA Clinical Research Unit
Harbor Hospital 5th Floor
3001 South Hanover Street, Baltimore MD 21225

{Date}

Participant Name
Address
City, State, Zip

Dear IDEAL Participant,

Thank you for agreeing to be a part of this exciting study! This letter is to confirm our appointment at your home, {STREET ADDRESS/CITY/STATE/ZIP} on {DATE} at {TIME} for a home exam for the IDEAL study. Before the appointment, please take some time to review the enclosed information, which includes a description of the home exam visit, preparation instructions for the exam, and a consent form.

The consent form describes the sections of the home exam, potential benefits and risks of your participation (such as possible bruising after a blood draw), an explanation of the study's confidentiality procedures and who to contact for answers to questions about the home exam. We will call you a few days before the appointment to confirm your appointment and answer any questions you may have at that time. Before our appointment, we ask that you complete the consent form and we will collect it at your visit. Please read the information sheet on preparation for the home exam carefully and follow the instructions precisely, especially the section discussing the blood draw.

The IDEAL staff appreciates your participation in this important study. If you have any concerns that you wish to discuss immediately, please call the IDEAL Study Office at 410-XXX-XXXX or toll free at 1-800-XXX-XXXX between the hours of 8:00 a.m. and 4:00 p.m. We are happy to discuss any concerns you may have.

Sincerely,

Luigi Ferrucci, MD, PhD

Director and Principal Investigator
Insight into the Determination of Exceptional Aging and Longevity