

{Date}

Participant Name
Address
City, State, Zip

Dear IDEAL Participant,

Thank you for agreeing to be a part of the Insight into the Determinants of Exceptional Aging and Longevity (IDEAL) study. This letter is to confirm that you will have your home visit at {STREET ADDRESS/CITY/STATE/ZIP} on {DATE} at {TIME}.

Before the appointment, please check that we have your correct address and take some time to review the enclosed information. We have included a description of what to expect during your home exam and how to prepare for the tests. Please carefully read and follow these instructions, especially the section about preparing for the blood test.

Enclosed you will also find a consent form. The consent form provides:

- An overview of the home exam;
- Potential benefits and risks of your participation;
- An explanation of how the study protects your personal and medical information; and
- Contact information for who can answer your questions about the home exam.

Please read the consent form before your appointment. The home examiner can help you fill out the form and answer all your questions during the visit.

I appreciate your taking the time to be part of this important study. By participating, you are personally making an important contribution to the advancement of aging research. If you have any concerns that you wish to discuss immediately, please call the IDEAL office, toll free, at 1-800-225-BLSA (2572) between the hours of 8:00 a.m. and 4:00 p.m (Monday – Friday). We will also call you a few days before your appointment to confirm the date and time and answer any of your questions. Thank you again for your participation!

Sincerely,

Luigi Ferrucci, MD, PhD
Director and Principal Investigator
Insight into the Determinants of Exceptional Aging and Longevity (IDEAL)
National Institute on Aging
National Institutes of Health