

**Attachment D**  
**Cover Letter of Support from Pharmacy**

*[Insert pharmacy logo here]*

Hello,

*[Insert name of pharmacy]* is participating in an important survey sponsored by the Agency for Healthcare Research and Quality. The survey asks for your opinions about patient safety in our pharmacy. Westat, a private research organization located in Rockville, Maryland, is conducting the survey.

The survey should take about 15 minutes to complete. Your feedback will help us find ways to improve patient safety in our pharmacy. If you do not wish to answer a question, you may leave it blank. Westat will keep your individual responses to this survey strictly confidential. Only group results will be reported.

Please complete the survey as soon as possible and return it in the enclosed postage-paid envelope. If the return envelope is missing, please contact *[insert pharmacy point of contact (POC) name here]* for another envelope.

If you have any questions or concerns, please contact me at *[insert pharmacy POC phone here]*. We value and appreciate your participation in this important research!

Sincerely,

*[Insert pharmacy manager/managing physician name here]*  
*[Pharmacy Manager]*

**Attachment D (continued)**  
**Reminder Notice Text**

**WE WANT TO HEAR FROM YOU!**

**Pharmacy Survey on Patient Safety**

Recently, a survey was distributed to you. The survey is part of a research project sponsored by the Agency for Healthcare Research and Quality (AHRQ) to assess pharmacist and staff views on patient safety in pharmacies.

If you have already completed your survey and mailed it back to [pilot study data collection coordinator], *THANK YOU VERY MUCH!*

*If you have not yet had a chance to complete your survey*, please take a few minutes to fill it out and mail it back to [pilot study data collection coordinator] in the envelope that was provided. *Your opinions are important to us.* Thank You!

*If you have any questions, please call*  
«NAME» at «PHONE»