



CDC CERVICAL CANCER STUDY

Date

«FullName»

«Address1»

«Address2»

«Address3»

«Address4»

Dear Ms. «LastName»:

About «Months» months ago, you visited the study clinic «Clinic» for your Pap test. At that time you agreed to participate in the CDC Cervical Cancer (Cx3) Study. As part of the study you received an HPV test along with your Pap test. You also filled out a survey while you were at the clinic. During your clinic visit, we told you that we would send you two additional surveys by mail. This is the «FollowUp» of these surveys. The survey is being conducted for the Centers for Disease Control and Prevention (CDC) by Battelle.

The survey will take about 10 minutes to complete. We know that your time is valuable. So we have enclosed \$5 to thank you for taking the time to fill out the survey.

We will not identify any person who was in the study in any papers or reports. Your survey is identified only with your study ID number. All answers that you give will be kept private to the extent allowed by law.

Your participation in this study is voluntary. You are free to choose to complete the survey or not. You may refuse to answer any of the questions. If you do not want to complete the survey, this decision will not affect your treatment at the study clinic «Clinic». The information that you provide will help the CDC to provide cervical cancer screening to low income women who do not have health insurance.

When you are done with the survey, please return it to use in the enclosed envelope. The envelope is already addressed and does not need any postage. If you have any questions about this study, please call the Battelle Task Leader, Diane Manninen, Ph.D., at 1-206-528-3140. If you have any questions or concerns about your rights as a human subject in this research study, you may call the Battelle Human Subject Representative at 1-877-810-9530, extension 500.

Thank you for participating in this important study.

Sincerely,

Vicki Benard
CDC Division of Cancer Prevention and Control

Attachment D1c. Cover Letter for Patient Follow-up

