

## Attachment 6: ASU SCRIPT FOR NON-RESPONDERS

OMB No. 0925-0406  
Expiry Date: xx/xx/xxxx

### Privacy Act Notification Statement

Collection of this information is authorized by The Public Health Service Act, Section 412 (42 USC 285 a-1). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be held in private, under the Privacy Act. Names and other identifiers will be separated from information provided and will not appear in any report of the study. Information provided will be combined for all study participants and report as statistical summaries.

### NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 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 (0925-0407). Do not return the completed form to this address

Hello, my name is (NAME) and I work on the Prostate Lung Colorectal and Ovarian study for the [LOCAL INSTITUTION]

Recently we sent you the Annual Study Update form for you to complete.

Since we have not received your completed form, is it okay if I ask you these questions over the phone:

[IF YES, ADMINISTER ASU. IF NO, THEN ASK WHEN IS A GOOD TIME TO CALL BACK.]