

Attachment 9.3: Phase IV Buccal North Carolina

AHS MAIN COHORT STUDY FOLLOW-UP REMINDER CALL FOR BUCCAL CELL COLLECTION

Collection of this information is authorized by The Public Health Service Act (42 USC 285l). 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 kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by mail to complete this health follow-up survey because as a member of the Agricultural Health Study your continued involvement can help us learn more about how agricultural and environmental factors may affect the health of farmers and their families.

Public reporting burden for this collection of information is estimated to average five 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 (0925-0406). Do not return the completed form to this address.

Hello Ms/Mr._____. This is _____. I'm calling about the Agricultural Health Study.

Several weeks ago you consented to the mailing of a buccal cell collection kit. The reason I'm calling is to make sure that you received this kit.

...they **did not receive** the kit, but **YES** they would like to participate.

I'm sorry about that. We will mail another collection kit to you, but first I would like to verify that we have your correct address. Is it_____? Okay, the collection kit should arrive in the next few days. Please carefully read the instructions that are included. If possible, we would like to ask if you could complete this activity as soon as you can. It is very important to mail the cell sample within 24 hours of collection. Also, please sign and return the consent form with your cell sample. Did you have any other questions or concerns? (address these).

Thank you for your participation.

...they **did not receive** the kit, and **NO** they do not want to participate.

Okay, I can understand. **Thank you for the help you have already given to the study.**

...they **received** the kit, but **NO** they do not want to participate.

Okay, I can understand. **Thank you for the help you have already given to the study.**

...they **received** the kit, and are **RECEPTIVE** to participating.

Good. Did you have any questions or concerns?

(address these)

Now there are a few things I'd like to remind you to do before we close. Please carefully read the instructions that came with the collection kit. If possible, we would like to ask if you could complete this activity as soon as you can. It is very important to mail the cell sample within 24 hours of collection. Also, please sign and return the consent form with your cell sample.

Thank you for your participation

...they **already returned** the buccal cell sample.

Good. Did you include the signed consent form when you did this? **Thank you for helping us out.**