[ON PROJECT FAX COVERSHEET]

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/20xx

Promotion of the National ALS Registry to Non-referral Centers

Fax

IUX			
To: Dr. XXXXX		From:	
Organization:		Organization:	
		McKing Consulting Corporation	
Phone:		Phone:	
Fax:		Secure, Toll Free Fax:	
Date:		Number of Pages:	
Comments :			
to promote the N The objectives of inform neurologis the Registry, and We recently mails above address. M Please indicate o	ational ALS Registry (Registry) to no this pilot project are to conduct edu its and their staff about the Registry to increase Registry self-enrollment ed several Registry promotion mater lembers of our staff have called you	McKing Consulting Corporation (McKing) a n-referral center neurology practices in you cational and promotional outreach activities, to encourage them to inform their patient among persons with ALS. Trials to your office via the US Postal Service office to determine if you have received the cive the National ALS Registry promotion in	es to ts about at the nis mail.
Yes, I did	receive the National ALS Registry pr	omotion materials.	
No, I did not receive the National ALS Registry promotion materials.			
	ions about this project, please conta n@mcking.com or Lindsay Rechtma	nct Heather Jordan at (609) n (404) 683-4394/Irechtman@mcking.com.	
Thank you in adva	ance for your support of National AL	S Registry Promotion Project.	
Sincerely,			
Wendy E. Kaye, P Project Director, I	hD National ALS Registry Promotion Pro	nject	

Public reporting burden of this collection of information is estimated to average 1 minute 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

Protocol Appendix F – Fax Cover Sheet to Determine if Mailing was Received

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