OMB NO.: 0925-0406 EXPIRATION DATE: xx/xx/2016

## Attachment 9.2: Phase IV Buccal Iowa

## 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 285I). 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.

| ,                        | ·   |  |                     |
|--------------------------|---|--|---------------------|
|                          |   |  |                     |
|                          |   | at the University of Iowa. I'm             | calling about the   |
| Agricultural Health Stud | у.  |  |                     |
| Several weeks ago you o  | consented to the mailing of a   | a buccal cell collection kit. The rea      | ason I'm calling is |
| o make sure that you re  | eceived this kit.   |  |                     |
| they <b>did not re</b>   | eceive the kit, but YES they w  | vould like to participate.                 |                     |
| 1'1                      | I'm sorry about that. We will mail another collection kit to you, but first I would |  |                     |
| lil                      | like to verify that we have your correct address. Is it? Okay, the                  |  |                     |
|                          |   | the next few days. Please carefull         |                     |
|                          |   | . If possible, we would like to ask        | -                   |
|                          |   | as you can. It is <u>very important</u> to | =                   |
|                          |   | lection. Also, please sign and retu        |                     |
|                          | =   | id you have any other questions o          |                     |
|                          | address these).   | d you have any other questions c           | or concerns.        |
| T                        | hank you for your participat  | ion.                                       |                     |
| they <b>did not re</b>   | eceive the kit, and NO they d   | lo not want to participate.                |                     |
| 0                        | kay, I can understand. Than   | k you for the help you have alrea          | ıdy                 |
|                          | iven to the study.  |  | •                   |
| they <b>received</b> t   | the kit, but <b>NO</b> they do not v  | vant to participate.                       |                     |
|                          |   | k you for the help you have alrea          | ıdy                 |

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 <u>very important</u> 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.**