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

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 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.

Hello Ms/Mr Study.	This is	I'm calling about the Agricultural Health
_	you consented to the mailing of you received this kit.	a buccal cell collection kit. The reason I'm calling is
they did	like to verify that we have yo collection kit should arrive in instructions that are included complete this activity as soon sample within 24 hours of co	mail another collection kit to you, but first I would our correct address. Is it? Okay, the the next few days. Please carefully read the d. If possible, we would like to ask if you could as you can. It is very important to mail the cell ellection. Also, please sign and return the consent old you have any other questions or concerns?
they did	not receive the kit, and NO they Okay, I can understand. Than given to the study.	do not want to participate. nk you for the help you have already
they rec e	eived 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.

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...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.**