

Attachment 9.5: MISSING OR DAMAGED BUCCAL CELL SAMPLE SCRIPT

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.

This is ___ from the Agricultural Health Study. May I please speak with Mr/Ms _____?

Hello, Mr/Ms _____, this is _____ with the Agricultural Health Study. I'm calling about the buccal cell sample that you sent us in (mo/yr). Unfortunately when we received the envelope your sample had been damaged in shipping / your sample was missing.

I'm sorry to take up more of your time, but I'm calling to ask if we can mail you another collection kit to replace the damaged/missing sample?

IF YES→ Good. We will mail a replacement kit to you with a complete set of instructions and return envelopes. Is your address still...

(IF NOT, UPDATE ADDRESS ON CALL SHEET).

Please note that in addition to the buccal cell collection materials, the kit will contain two copies of a consent form. Please read this carefully, sign and return one copy with your sample. You may keep the other copy for your records. This is very important, as we cannot process your sample without a signed consent form.

[IF RESPONDENT MENTIONS THAT THEY SENT A CONSENT FORM WITH THE FIRST SAMPLE, EXPLAIN THAT WE WOULD LIKE FOR THEM TO SIGN AND DATE A NEW FORM TO CORRESPOND TO THIS SAMPLE.]

If you have any concerns or questions about how to collect or mail this sample, please call us at the 800 number listed on the instruction sheet. We are always happy to assist you. Thanks again for all your help with the study.

IF NO→ Thank you very much for the time you have already given to the study.