

Attachments 9.2 - 9.5: Buccal Kit Follow-up Scripts (Used as Needed)

9.2). Phase IV Buccal Reminder Call Script for Iowa Buccal Cell Respondents

9.3). Phase IV Buccal Reminder Call Script for North Carolina Buccal Cell Respondents

9.4). Phase IV Buccal Missing Buccal Cell Consent Forms Call Script for Both Sites

9.5). Phase IV Buccal Damaged or Missing Buccal Cell Sample Call Script for Both Sites

Attachment 9.2: Phase IV Buccal Iowa – Buccal Kit Follow-up/Reminder Call

OMB NO.: 0925-0406
EXPIRATION DATE: 09/30/2016

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 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 telephone contact is estimated to average **two** minutes per response, including the time for reviewing instructions, and answering questions. **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 _____ at the University of Iowa. 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.**

Attachment 9.3: Phase IV Buccal North Carolina - Buccal Kit Follow-up/Reminder Call

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Public reporting burden for this telephone contact is estimated to average **two** minutes per response, including the time for reviewing instructions, and answering questions. **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.**

Attachment 9.4: Phase IV Buccal - Missing Buccal Consent Forms Script

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EXPIRATION DATE: 09/30/2016

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Public reporting burden for this telephone contact is estimated to average **two** minutes per response, including the time for reviewing instructions, and answering questions. **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 _____ with the Agricultural Health Study. May I please speak to Mr./Ms. _____?

I'm calling about the buccal cell sample that you sent in for the Agricultural Health Study in (mo/yr). Thank you for doing this for us . . . we really appreciate it.

The reason I'm calling (today/tonight) is because we didn't get a signed consent form along with the sample you sent. We have a strict policy that won't allow us to use your sample without a signed consent form from you. Do you have any questions or concerns about the form that I can answer?

I'll go ahead and send out a new consent form so that you can read it over and sign it. We'll include a postage-paid return envelope so you can send it back to us. Is your address still (cohort member's address)?

<IF ADDRESS IS INCORRECT, PLEASE UPDATE IT ON CALL SHEET>

Thanks again for all your help with the study.

Attachment 9.5: Phase IV Buccal - Missing Or Damaged Buccal Sample Script

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Collection of this information is authorized by The Public Health Service Act (42 USC 2851). 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 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 telephone contact is estimated to average **two** minutes per response, including the time for reviewing instructions, and answering questions. **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.