

**Pease Study  
Appointment Reminder Card**

**Clinic Visit**

**Appointment Information for Your  
Pease Study Interview**

[NAME OF LOCATION]

[Street Address]

[Local or Toll Free Telephone Number]

Day: |-----|

Date: |\_|\_|/|\_|\_|/|\_|\_|

Time: |\_|\_|:|\_|\_|  AM  PM

Study ID No.: |-----|

**Please bring this paper with you.**

**We will draw a blood sample so please do not eat for at least 8 hours before your appointment.  
You may drink water during this time.**

**Don't forget to collect your urine sample in the morning. Bring your urine sample with you.**

**If you take diabetic medication, see special instructions.  
Don't forget to bring all your medication for us to see.**

**If you are a past participant in the Pease PFC Blood Testing Program,  
please bring a copy of your results report.**

**If you are unable to keep this appointment,  
please call to set up another time.**

**Toll-free (xxx)xxx-xxxx**

**Pease Study  
Appointment Reminder Card**

**Home Visit**

**Appointment Information for Your  
Pease Study Interview**

**We will arrive at your home on the date and time below:**

Day: |-----|

Date: |\_|\_|/|\_|\_|/|\_|\_|

Time: |\_|\_|:|\_|\_|  AM  PM

Study ID No.: |-----|

**We will draw a blood sample so please do not eat for at least 8 hours before your appointment.  
You may drink water during this time.**

**Don't forget to collect your urine sample in the morning.**

**If you take diabetic medication, see special instructions.  
Don't forget to gather all your medication for us to see.**

**If you are a past participant in the Pease PFC Blood Testing Program,  
please provide a copy of your results report.**

**If you are unable to keep this appointment,  
please call to set up another time.**

**Toll-free (xxx)xxx-xxxx**

**Pease Study**  
**Appointment Reminder Card – Instructions**

**Instructions for Study Participants**

***On the day of your appointment***

**Fasting:** Do not eat or drink for at least 8 hours before your appointment. Do not have candy, gum, or soda. Drinking water is fine. Take all your medications with water only.

If you have diabetes and take insulin or other medications, we will schedule your appointment as early in the morning as possible. Please fast for at least 8 hours if your meal and medication plan allows. If you must eat before your appointment, please eat fat-free or low-fat items and take your medications as usual. Write down what you ate and when you ate it.

**First Morning Voided Urine Collection:** Using the supplies we sent in your Appointment Packet, collect a first morning voided specimen. Note the time of collection of the specimen on the label of the container. To reduce contamination, the specimen should be a clean catch “mid-stream” sample.

**Medications:** Please have all of your regular medications that you have taken for the past two weeks with you. Putting them in a plastic bag will make it easy. We want to know about:

- Prescriptions
- Over-the-counter medicines
- Supplements and vitamins
- Fish oil
- Herbal remedies
- If any of your medications need to be kept chilled, please leave them in your refrigerator. Make a note to tell us about them.

**Pease PFC Blood Testing Program Results:** We would like to record your prior results to compare with your current ones. Please provide a copy of the results report for us to see.

**Questions:** If you have any questions, please contact us at our study phone number [**INSERT TOLL FREE TELEPHONE NUMBER**]. Thank you for taking part in this study.