1. Confirmation Letter

OMB No. 0910-0497 Expiration Date: 10/31/2020

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0497. The time required to complete this information collection is estimated to average 90 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.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.

Dear [Participant Name];

Thank you for agreeing to participate in our research study about nutrition which is being conducted on behalf of the U.S. Food and Drug Administration. The group will be held online on [DATE]. The group will begin promptly at [TIME]. Please sign in at least 5 minutes before the starting time to ensure that you can connect to the group with your computer or tablet (please note that you *cannot* use a mobile phone to participate). If you have any questions or find that you are unable to participate, please call [FACILITY'S PHONE NUMBER] as soon as possible.

Thank you.

[ACCESS INFORMATION]

2. Reminder Letter

OMB No. 0910-0497 Expiration Date: 10/31/2020

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0497. The time required to complete this information collection is estimated to average 90 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.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRAStaff@fda.hhs.gov.

Dear [Participant Name];

Dear [Participant Name];

This is just a reminder that the research study about nutrition conducted on behalf of the U.S. Food and Drug Administration in which you agreed to participate will be coming up on [DATE]. The online group will begin promptly at [TIME]. Please sign in at least 5 minutes before the starting time to ensure you are able to connect to the group with your computer or tablet (please note that you *cannot* use a mobile phone to participate). If you have any questions or find that you are unable to attend, please call [FACILITY'S PHONE NUMBER] as soon as possible.

Thank you.

[FACILITY INFORMATION]