OMB No.: XXX-XXXX Expiration date: XX-XXXXX

## **Appendix B6. HSA Scheduling Email**

To: [HEALTH SYSTEM ADVISOR]

Subject: Schedule Your LHS K12 Training Program Interview

## Dear [FIRST NAME] [LAST NAME]:

Thank you for agreeing to participate in an interview that will be conducted by 2M Research on behalf of the Agency for Healthcare Research and Quality (AHRQ). Your participation will provide context to help increase understanding of the activities and impact of the Learning Health Systems (LHS) K12 Training Program Learning Collaborative.

We would like to schedule a time to hold the telephone interview, which is expected to take no more than 1 hour. If possible, we would like to schedule your interview between Monday and Friday, 7:00 a.m.-7:00 p.m. local time; however, if this time span does not work for you, please let us know. Please provide your top three preferences for days and times between [DATE] and [DATE] to hold this call.

Your first choice: Your second choice: Your third choice:

Thank you for your continued assistance in this important study.

Sincerely,

[STUDY TEAM CONTACT INFORMATION]

According to the **Paperwork Reduction Act** of 1995, no persons are 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 XXXX-XXXX. Public reporting burden for the collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (XXXX-XXXX), AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.