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

Appendix B10. HSA Thank-You Email

To: [HEALTH SYSTEM ADVISOR]

Subject: Your LHS K12 Training Program Participation

Dear [FIRST NAME] [LAST NAME]:

Thank you for participating in an interview for the evaluation of the Learning Health Systems (LHS) K12 Training Program. Your contribution provided valuable insight into your experience as a health systems advisor of a scholar participating in the program. The information obtained through this data collection effort will help to increase understanding of the impact of the LHS K12 training program from a health systems perspective and the value of the program for health system stakeholders.

If you have questions about the evaluation or how your information will be used to inform the study, please feel free to contact [NAME], [ROLE], by phone at [PHONE] or by email at [EMAIL].

Thank you again for your time.

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 1 minute 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.