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

Appendix D5. Survey Thank-You Email

To: [HEALTH SYSTEM ADVISOR]

Subject: Your LHS K12 Training Program Participation

Dear [FIRST NAME] [LAST NAME]:

Thank you for your participation in the survey for the Learning Health Systems (LHS) K12 Training Program Learning Collaborative. Your contribution provided valuable insight into your perspectives as a health system advisor within the program. The information obtained will help us understand health system leaders' attitudes toward the role of research carried out in health systems and the importance of patient, family, and other stakeholder engagement in research.

If you have questions about the evaluation or how your information will be used to inform the study, please contact Dr. Amy Windham, the 2M evaluation director, at awindham@2mresearch.com or 703-214-1512.

Thank you again for your time.

Sincerely, 2M Study Team

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.