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:	_ :
Study II	D 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:	_ :
Study II	D 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 <u>all</u> 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.

Please be assured that ATSDR and its contractor, Abt Associates, will take all necessary steps to protect members of your community from COVID-19. The Pease health study will be conducted following all state, local, and CDC guidelines in place at the time the study is conducted. Pease study team members will be monitored twice daily for fever and any COVID-19-related symptoms and will wear masks and gloves to ensure the protection of participants. Similarly, participants will be monitored for fever and COVID-19-related symptoms prior to their entry into the testing facility and will be asked to wear a face covering or mask. If you do not have a mask, one will be provided to you.

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.