

OMB Control No. 0910-0847

Expiration Date:02/28/2026

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 0910-0847. The time required to complete this information collection is estimated to average 20 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 PRASStaff@fda.hhs.gov.



University of California
San Francisco

Dear (insert name), with worldwide

We need your help!

Researchers from UCSF and UCLA are conducting a **one-time 15-minute survey** to understand why people might or might not join research studies. The study we are conducting is on behalf of the U.S. Food and Drug Administration (FDA). Participants will receive a \$25 gift card for survey completion. Participation is completely voluntary, and you can withdraw from the study at any time.

You may be eligible for this survey study if:

You are 65 years of age or older and are taking multiple medicines

The enclosed information sheet has more details about the study. Please contact the research team if you have any questions:

[UCSF participants]: Alveena Thomas at alveena.thomas@ucsf.edu or (925) 200-1149

[UCLA participants]: Ariga Eyvazi at AEyvazi@mednet.ucla.edu or (310) 794-8242

You can participate by:

1. Completing the enclosed survey and returning it by mail in the provided pre-stamped and addressed envelope. **OR**
2. Completing the survey on the internet by pasting this link [insert survey link] in your browser. This link can only be used by you. **OR**
3. Contacting the research team at the email address or phone number listed above for more information or to complete the survey by telephone.

You may receive 1 more letter or phone call from our research team regarding this study.

If you do not want to receive any further communications from us, initial here _____ and return this letter in the provided pre-stamped and addressed envelope or contact the research team at the email address or phone number listed above.

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Sincerely,

Janice B. Schwartz, MD
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[or Derjung M. Tarn, MD, PhD
Professor of Family Medicine
Department of Family Medicine
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[Information Sheet will follow]