Form Approved
OMB No. XXX
Exp. Date XX/XX/XXXX

## **Expression of Interest Form**

Thank you for your potential interest in participating in the NIOSH study "Occupational exposures to surgical smoke in veterinary personnel."

To express interest in participating in this research study, please fill out this 3-question form:

1.	*First and last name: _	
2.	*Email address:	
3.	Phone number:	

\*Required

If you prefer, you may alternatively email us at <a href="mailto:iun8@cdc.gov">iun8@cdc.gov</a> (Dr. Fechter-Leggett) or <a href="mailto:qdk5@cdc.gov">qdk5@cdc.gov</a> (Dr. Anderson) to express interest in participating.

After you submit this form, a study Co-PI will reach out to you to schedule a day/time, at your convenience, to complete the informed consent and baseline questionnaire. We will provide you with the informed consent form ahead of time for you to review. We can also answer any questions you have.

This study is being led by Co-PIs, Ethan Fechter-Leggett, DVM, MPVM and Kim Anderson, PhD. Please reach out to us with any question at any time:

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