

Text to be entered based on specific participant information is indicated in <> and italicized.

Participant Appointment Scheduling Email

From: TRC Study Information
To: <*participant email address*>
Subject: NHTSA/TRC Research Participation Scheduling
Date: <*date email is sent*>
Attachment: <*informed consent document for relevant track*>

Dear <*participant preferred name*>,

Thank you for your interest in our Crash Avoidance Warning System Human Machine Interface Research being conducted by the National Highway Traffic Safety Administration (NHTSA) with support from the Transportation Research Center! We have determined that you are eligible to participate and would like to schedule a time for you to come to our facility to participate in the study.

Study participation will take approximately 3 hours to complete. You will be paid \$65.00 per hour for your time spent completing participation in the study and you will receive \$0.575 per mile for the distance traveled to and from our facility from your home address for participation. The study site is the Transportation Research Center (TRC), located just east of the intersection of US Route 33 and State Route 347 in East Liberty, Ohio. The address is 10820 State Route 347.

We are currently scheduling appointments on <*days of the week and time frame of the session*>. Please reply to indicate if this time slot would work for you and if so, which day(s) of the week you could be available from <*time frame*>. If you have a specific day that you would prefer, please let us know and we can try to accommodate you for that day.

In case the research team experiences a delay due to weather or study equipment issues, we may need to reschedule or cancel your appointment. If that happens, we will contact you with as much advanced notice as possible.

Thank you,
TRC Research Participation Scheduling on behalf of <*insert the study investigator's name, title, and phone number 937-666-4511*>

Participant Appointment Confirmation Email

From: TRC Study Information
To: <participant email address>
Subject: TRC/NHTSA Research Confirmation
Date: <date email is sent>
Attachment: <informed consent document for relevant track>

Dear <participant preferred name>,

Thank you for agreeing to participate in our research study. This email is to confirm your appointment on <day> at <time>. You should plan to be here for around 3 hours. When you arrive at our facility, please drive up to the security gatehouse and inform the security guard that you are here for our research study. Please bring your driver's license. A member of our team will meet you and have you follow us to our building.

Please do not wear eye makeup to your appointment, as it interferes with the eye tracker. Makeup removing wipes can be provided if needed. While driving the test vehicles, you may not wear sunglasses or eyeglasses with transition lenses. Eyeglasses with clear lenses are permitted.

The Transportation Research Center (TRC) is located just east of the intersection of US Route 33 and State Route 347 in East Liberty, Ohio. The address is 10820 State Route 347. Please use the following link for driving directions: <URL>.

According to Google Maps, the driving distance from the address you provided will be <distance> and you should allow <minutes> driving time. You will be paid \$65.00 per hour for your time spent at our facility and you will receive \$0.575 per mile for travel. You will be paid in cash after you complete the study, before departing our facility.

Occasionally, we may need to reschedule an appointment due to inclement weather (including rain, snow, or high wind) or equipment failure. If this occurs, we will give you as much notice as possible (although weather can change at the last minute) and reschedule your appointment. If you are unable to keep your appointment, please give us as much notice as possible, preferably 24 hours. Again, please monitor yourself for symptoms of Covid-19; if you may be ill, please contact us so we can reschedule your appointment.

This study is monitored by an Institutional Review Board (IRB), which ensures that our procedures are safe. To comply with our IRB responsibilities, we will be asking you to give informed consent before you begin the study. A copy of the informed consent form is attached to this email for your review. Please read over this document. When you arrive for the study, we will answer all your questions prior to your participation.

Please reply to confirm that you've received this message and understand the information provided.

We look forward to seeing you soon!

Thank you,
TRC Research Participation Scheduling on behalf of <insert the study investigator's name, title, and phone number 937-666-4511>