How to Create a Mail Merge Using Microsoft Excel and Word

- 1. Create an Excel spreadsheet
 - a. The columns in your spreadsheet should match the fields you want to use in the merge (ie. Title, First Name, Last Name, Address, City, State, Zip) – See example below
 - b. Participant Name must be separated into two columns (one column for 'First Name' and one column for 'Last Name' they cannot be combined)
 - c. Be sure to sort the mailing list in ascending order by row_num (also called Order ID number in earlier documents)
 - d. Assign one Study ID number from the available range of Study ID numbers to each record in the Mailing List, beginning with the smallest Order ID number and proceeding until the full range of Study ID numbers have been assigned
- All changes will need to be made before connecting the spreadsheet to your mail merge document in Word

x		، د	¢~ ∓										Merge_T	est - E	xcel
F	ILE	HOME	INSE	RT	PAGE LAYO	UT FORMULAS	DATA	REVIE	W VI	EW	ACROB	AT			
		Cut		Calibr	i •	11 · A A =	= _ ×	· ·	루 Wra	p Text		Gener	al		-
Pa	ste 💉 F	ormat	Painter	BI	<u>U</u> -	• <u>*</u> • <u>A</u> • I	= = = •	÷	🗄 Mer	ge & Ce	enter 🔹	\$ -	% *	€.0 .00 -	Conditi Formatt
	Clipb	oard	E.		Font	Fai		Align	ment		E.		Number		G.
C4	ļ	•	: 🗙	\sim	f _x										
	А	В	С		D	E	F		G	н	I	J		K	L
1	ID	Title	First Nar	ne L	ast Name	Address 1	Address 2	С	ity	State	Zip				
2	100001	Ms.	Elizabet	h [Del Vecchio	602 Iowa Avenue	Apartment	2B Io	owa City	IA	52240				
3															

2. Save the Excel spreadsheet

- INSERT FILE HOME DESIGN PAGE LAYOUT REFERENCES MAILINGS REVIEW VIEW X Cut ß *11 * A* A* Aa * 🍖 注 * 注 * 注 * 伝 相 之 ¶ 🛛 Aabbcedat Aabbcede Aabbeede Aabbeede Aabbeede Aabbcede Aabbcede Aabbeede Aa Arial Copy Paste Heading 1 TNormal TNo Spac... Heading 2 Title Subtit 💉 Format Painter F₂ Clipboard ī, Font Paragraph 5 Styles L 5 -**UNIVERSITY OF IOWA** HOLDEN COMPREHENSIVE CANCER CENTER Administration University of Iowa Health Care 200 Hawkins Drive, 5970Z JPP lowa City, Iowa 52242-1002 319-353-8620 Tel 319-353-8988 Fax {date} ithcare.org/holder NCI {name} {street address 1} {street address 2} {city, state, zip} Dear {name}, We invite you to participate in a research study called "Share Thoughts on Breast Cancer." The University of Iowa is part of a group of nine medical centers, the Greater Plains Collaborative, a federally funded research project for doing large, timely studies to improve medical care.
- 3. In Microsoft Word, open your site's 'Cover Letter' document

- 4. On the Menu tab, select VIEW > check the box next to Ruler
- This will allow you to see the ruler at the top of the page and to the left of the page

FILE HOME INSERT DESIG	N PAGE LAYOUT REFERENCES MAILINGS REVIEW	VIEW (5)
Paste ✓ Format Painter ✓ Format Painter	 11 · A A A A A A A A A A A A A A A A A A	AceBbCcDdE AaBbCcDc AaBbCcDc
Clipboard 😼	Font 🙀 Paragraph	r _a Styles
		• • • • • 4 • • • • • • • • • • • • • •
	HOLDEN COMPREHENSIVE CANCER CENTER	Administration
	University of Iowa Health Care	200 Hawklins Drive, 59702.JPP Iowa City, Iowa 5242-1002 319-353-8207 Tel 319-353-8988 Fax
	{name} {street address 1} {street address 2} {city, state, zip}	www.uiheathcare.org/holden
- M - - - -	Dear {name}, We invite you to participate in a research study ca University of lowa is part of a group of nine medic: federally funded research project for doing large, t	lled "Share Thoughts on Breast Cancer." The al centers, the Greater Plains Collaborative, a imely studies to improve medical care.

Note that the date is located just above the 1 inch mark, the '{name}{street address}{city, state, zip}' is located 1 ½ inches down and tabbed to the right, and the 'Dear {name},' is located just

below the 3 inch mark – this spacing will allow only the name and address of the participant to be visible through the outgoing envelope's window



5. To insert date, highlight {date} in the Word document with your cursor

6. In the Menu bar, select INSERT > Date & Time

7. In the pop-up window, select the available date format highlighted in the image below



- 8. Be sure the box is checked next to Update automatically
- 9. Click OK

Date should now be populated as seen below



10. To create the mail merge, in the Menu bar, select MAILINGS > Start Mail Merge > Letters

E I	NSERT	DESIGN	PAGE L	AYOUT	REFEREN
Start Merg	Mail ge ▼ Rec	Select	Edit ipient List	Highligh Merge Fie	nt Addres
	Letters				
0	E-mail M	Messages			
=	Envelop	es			
:6	L <u>a</u> bels				
	Director	У			
wJ	Normal	Word Docum	nent		
	Step-by	-Step Mail M	erge <u>W</u> izard	ł	

11. Click Select Recipients > Use an Existing List...



- 12. Browse to your Excel spreadsheet created in steps 1 and 2, and then click Open
- 13. If Word prompts you, select Sheet1\$ and click Ok

14. Place your cursor in front of {name}



15. In the Menu bar, select MAILINGS > Address Block

16. Be sure that the pop-up window looks the same as the example below





Your Word document should look similar to the image below



- 18. You may now delete {name}{street address}{city, state, zip} only keep <<AddressBlock>>
- You may need to reposition 'Dear {name},' so that it is located just below the 3 inch mark

-	UNIVERSITY OF IOWA HOLDEN COMPREHENSIVE CANCER CENTER	Administration
	University of Iowa Health Care May 28, 2015	200 Howkins Drive, 59702.JPP Jowa City, Iowa 52242-1002 319-333-8620 Tel 319-333-8888 Fax www.uihealthcare.org/halden
	«AddressBlock»	Armener des Bauerten bien
m	Dear {name},	
	We invite you to participate in a research study called <i>"Share</i> University of Iowa is part of a group of nine medical centers, the federally funded research project for doing large, timely studie	Thoughts on Breast Cancer." The he Greater Plains Collaborative, a is to improve medical care.

19. Place your cursor in front of Dear {name},



- 20. In the Menu bar, select MAILINGS > Greeting Line
- 21. Be sure that the pop-up window looks the same as the example below

FILE HOME INSERT I	DESIGN PAGE LAYOUT	REFERENCES MAILING	S REVIEW VIEW	
Envelopes Labels Create	ect Edit ents ~ Recipient List lail Merge	t Address Greeting Insert ds Block Line Fie Write & Insert Fi	Aules ▼ Rules ▼ Aules ▼ Autch Fields Dydate Labels elds	Preview Results Preview Results
L			. 4	
M	Way 28, 2015 «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre «Addre » «Addre » «Addre » » » » » » » » » » » » »	WA EHENSIVE	?	Administration Revealed to the second secon
Du W Ui fe	Dear {name}, Ve invite you t Jniversity of Ic ederally funde	ns r greeting line are missing or correct address elements fro	out of order, use Match Fie m your mailing list. <u>M</u> atch Field	lds ative, a
Th Wi	The purpose o vith breast car		OK Can	en diagnosed at the best way



Your Word document should look similar to the image below



- 23. You may now delete Dear {name}, only keep <<GreetingLine>>
- Once again, be sure that the date, <<AddressBlock>>, and <<GreetingLine>> are located at the

appropriate positions (just above the 1 inch mark, at 1 ½ inches, and just below the 3 inch mark, respectively)

	UNIVERSITY OF IOWA HOLDEN COMPREHENSIVE CANCER CENTER	Administration
5 5	University of Iowa Health Care	200 Hawkins Drive, 5970Z JPP Iowa City, Iowa 52242-1002 319-353-8620 Tel
	May 28, 2015	319-353-8988 Fax www.uihealthcare.org/holden
2	«AddressBlock»	A Compliant Care to Standard Care to Standard Care Solater
n	«GreetingLine»	
	We invite you to participate in a research study called "S/ University of Iowa is part of a group of nine medical cente federally funded research project for doing large timely s	nare Thoughts on Breast Cancer." The ers, the Greater Plains Collaborative, a tudies to improve medical care

24. Be sure the section Part 2: Medical Record Consent (beginning on page 23 of the booklet) is

located on the second page

it in the enclosed postage paid envelope. The questionnaire asks about your health, your satisfaction with medical care, and your ability to obtain medical care. We estimate it will take about 30 minutes to complete the questionnaire. You may skip any questions you do not wish to answer.
Part 2: Medical Record Consent (beginning on page 23 of the booklet) Participation in Part 2 involves signing a consent form to give us permission to use information about you from your medical records. At the back of the questionnaire booklet you will find the consent form and more information about this part of the study. If you decide to participate in Part 2, you will sign the consent form. There is also a copy of the consent form for you to keep for your records. Your participation in this research is voluntary. However, your assistance is very important to the success of the study. If you decide not to participate, please return the blank questionnaire booklet in the postage paid envelope provided or call the toll-free number below so that we do

25. To preview your merged cover letter, select MAILINGS > Preview Results



- You may need to adjust the spacing of the date, address block and greeting line (once again) to be sure the date is located just above the 1 inch mark, the address block is located 1 ½ inches down and the greeting line is located just below the 3 inch mark. Also, double check that the section 'Part 2: Medical Record Consent (beginning on page 23 of the booklet)' is still located on the second page.
- 26. Once your cover letter is complete, select MAILINGS > Finish & Merge > Edit Individual Documents...
- This option will open each participant's letter within <u>ONE</u> Word document. You should scroll through each letter to be sure the spacing of the date, address block and greeting line is accurate. Also, be sure that the section 'Part 2: Medical Record Consent (beginning on page 23 of the booklet)' is still located on the second page.
- Once all of the letters have been checked, you may print the document.
- When printing, please print double-sided so that the 2-page cover letter is on <u>ONE</u> piece of paper (front and back).