

{date}

{name}  
{street address 1}  
{street address 2}  
{city, state, zip}

Dear {name},

Thank you for participating in our research project “*Share Thoughts on Breast Cancer.*” We appreciate your time.

We recently received your Informed Consent Document in the mail. Upon review, we noticed a problem with the consent form.

To ensure the Informed Consent Document is correct and accurately represents your choices, we ask you to review the sections of the original consent that are outlined below.

If your intention is to participate in the Medical Records Information portion of the research project, please print your name on the ‘Subject’s Name (printed)’ line, sign your name on the ‘Signature of Subject’ line and enter today’s date on the ‘Date’ line on page 5 of the Informed Consent Document.

If you should have any questions about this letter, the consent form or the items we have asked you to review, please contact Nick Rudzianski at [nicholas-rudzianski@uiowa.edu](mailto:nicholas-rudzianski@uiowa.edu), 319-335-9783 or toll-free 866-520-8983. We would be pleased to speak with you to make sure that your choices are accurately represented on the consent form.

When you are finished and are satisfied with the changes you have made, please return the consent document in the enclosed postage-paid envelope.



Again, thank you for your contribution to our study. The time and effort you have taken to volunteer are greatly appreciated.

Sincerely,

{Name of site study PI}  
{Title and academic affiliation if relevant}  
{medical center name}

{Name of institutional official, if required}  
{Title}  
{Institution}

*My contact information for questions about the study:*

e-mail:

telephone: