

{date}

{name}
{street address}

Dear {name},

We invite you to participate in a research study called “*Share Thoughts on Breast Cancer.*” {insert participating site medical center name} 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.

The purpose of this study is to learn about the experiences of patients after they have been diagnosed with breast cancer in order to improve patient experiences and treatment. We believe that the best way to make improvements in the care patients receive is by learning from cancer patients themselves. Your name was chosen from a list assembled by {insert participating site medical center name}. We understand how valuable your time is and appreciate your assistance with this study. As a small token of our appreciation, we are enclosing a \$10 gift.

There are **two** parts to the study. You can participate in either or both parts.

Part 1: Study Questionnaire (pages 1-21 in the booklet)

Participation in Part 1 of the study involves filling out the enclosed questionnaire and returning 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.

You will notice that the address on the return envelope is at The University of Iowa, one of our Greater Plains Collaborative partners and where the questionnaires will be processed. The University of Iowa will identify you only by your study identification number unless you provide your contact information on Page 21 of the enclosed booklet (entering this information is optional).

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 not contact you again. The \$10 gift is yours to keep. We will re-mail the questionnaire one time if we don't hear from you.

This study will not benefit you directly, but will help us understand the experiences of some { insert participating site medical center name } breast cancer patients. Your participation will provide information that may help us to improve cancer care by {insert participating site medical center name } and across the participating *Greater Plains Collaborative* medical centers (Wisconsin, Iowa, Kansas, Minnesota, Nebraska, and Texas).



{ Insert Participating Medical Center Letterhead Logo }

Thank you for your time.

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:

SAMPLE

