|  |
| --- |
| Task 7.5 Template |
| Appointment / pre-visit letter |
| For confirming a participant’s appointment and providing instructions |

***INSTRUCTIONS ON HOW TO USE THIS TEMPLATE***

*This is a template, which can be used to develop a letter to participants in HBM4EU surveys, for confirming the time/place of their appointment and for instructing them on any preparations needed prior to the appointment. You may introduce changes, as required by the study design and national requirements. To use this template, change the red text with appropriate wording and delete all brackets / instructions.*

***Encoding of task 7.5 templates***

*The templates prepared by task 7.5 are given an acronym, shown in the footer, which denotes the type, version, year of last revision and follows the key:*

*TYPE: ApptL = Appointment Letter*

*TARGER AUDIENCE: AD = Adults*

*VERSION: Vxx = Version No.*

*DATE OF LAST REVISION: DD-MM-YY*

 [Institute Name]

[Institute Address] Email: [Responsible person]

Tel.: [of responsible person]

FAX: [of responsible person]

 Date [XX Month 20YY]

Prospect code: [XXX]

Participant code:[xxxxx]

[Mr. / Ms. / Title First Name Last Name]

[Street Address]

[Town/City POSTCODE]

**HBM4EU human biomonitoring study [specify]**

**Thank you for choosing to help create a healthier future in [Europe/your country]**

**Confirmation of date and time of appointment visit and pre-visit instructions**

Dear [Mr. / Ms. / Title Last Name],

Thank you for agreeing to participate in the HBM4EU study.

We wish to confirm the details of your appointment with your [HBM4EU researcher, specify name of person, if known (title, name)]. [If a home visit is involved: HBM4EU researchers always have identification with them that they will show you when they arrive at your home].

**When:** [specify date and time]

**Address:** [Option 1: Study center: specify address of the study centre. Please also see enclosed map for directions / Option 2: Home visit: your home]

It is necessary that you keep your appointment, as above. If you aren’t able to keep your appointment, please call us promptly to reschedule. Our contact information is [Name: XXX, Phone No.: XXXX, Email: XXXX].

Adjust according to the study plan: At the time of your appointment you will be asked to provide your signed certificate of informed consent. This serves to verify that you were adequately informed about the study and willing to participate. Please make sure to have read carefully the “Information for participants” leaflet and the “certificate of informed consent”. You can also find these materials online at [specify link].

If you have any questions, please contact us and we will be happy to answer them. You will also be able to ask any further questions about the study and your involvement during your appointment and before we proceed with sampling and interviewing you.

[If applicable (i.e. collecting morning urine) or adjust accordingly: You will be asked to provide a sample of morning urine on the day of your appointment. To facilitate this, nearer the date of your appointment we will send to you urine containers and explanations on what you will need to do.]

Thank you again for choosing to make a different through volunteering to participate. Because of volunteers like you, we can look forward to creating a healthier future in [your country / Europe] by reducing the exposures of people to harmful chemicals.

Yours sincerely,

[Name of Study Leader]