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| Task 7.5 Templates |
| Communication of personal results |
| (a) Letter and (b) Report of personal results with recommendations |

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

*Below you will find templates of a letter and a report for informing participants about their personal results.*

*A personalized letter and report must be prepared for each participant.*

*The report uses the ‘traffic light system’ for describing the results. You may wish to adapt the template to suit your country.*

*You must change the text in brackets according to the specifics of your country and/or for the individual participant.*

*The templates show all possible options. You MUST adapt the template for EVERY individual participant, depending on his or her personal results.*

***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: ResLR = Letter and Report of Personal Results*

*VERSION: Vxx = Version No.*

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

[Name of responsible person

Study centre contact details

Address

Telephone number

Email Address]

[Participate Code

Participant Name

Participant Address]

[Date]

**HBM4EU study [“name and code of study”]**

**Personal results**

Dear [Mrs/Mr ….],

Thank you for your participation in the HBM4EU research study [“name and code of study”]. Your input has made a significant contribution to our efforts to improve [public health/workers’ health] in [your country] and in Europe. The study took place in [number] countries from [XX1/YY1 to XX2/YY2 (month/year, referring to period of survey implementation] and it involved a total of [number] people. You were one of the [number] of [nationality] who participated by providing samples and information. The study has been completed and we are pleased to enclose a copy of your results.

We analyzed your [type of samples] in specialized laboratories to [determine the level of each investigated chemical / find out how much of each investigated chemical they contained].

In reviewing and interpreting your results please remember that in general:

* these results are only a *snapshot* of your exposure at the time the sample was taken
* a high level can occur due to a *temporary (short-term)* exposure to a chemical
* a high level can be reduced if you take actions to prevent your exposure to the chemical
* high level(s) do not necessarily mean you will experience adverse health effect(s).

Your personal results are enclosed in this correspondence. For each chemical, an explanation is provided to help you interpret your results. Fact sheets are also provided for these chemicals, which include recommendations for minimising exposure.

If any of your levels are high, it is advised that you read and follow the recommendations provided. [You may wish to further adapt this section according to the scientific knowledge / known health values / uncertainties associated with each chemical under investigation and personal results of the participant.]

Should you wish to discuss any part of your results report, please do not hesitate to contact us. We will be happy to discuss your results and provide advice.

Yours sincerely,

[signature of responsible person]

[name of responsible person]

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| **Report of personal results** |
| **[Name and code of HBM4EU survey]** |

|  |  |
| --- | --- |
| Name | [Participant Name] |
| Address | XX Street Name, Postal Code, City |
| Date of report | DD/MM/YY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Investigation** | **Your Result** | | **Reference Values for this chemical\*** | | |
| [chemical name] | [numeric value] | [unit] | Above [YY] unit |  | High risk |
| The arrow compares your result with the given reference values  Move the arrow to the applicable box | | [XX] – [YY] unit |  | Moderate risk |
| Below [XX] unit |  | Desirable |
| **\***[Specify source of reference values] | | |
| **Recommendation** | Use applicable option and erase the rest.  **Case 1:** No action needed. Information about minimising/eliminating exposure is contained in the enclosed fact-sheet.  **Case 2:** We recommend reduction of your exposure to the extent possible. Information about minimising/eliminating exposure is contained in the enclosed fact-sheet.  **Case 3:** Your results are high. Please call us to discuss possible actions. [Adopt according to your national study design, e.g.: We recommend you visit your doctor. A letter for your doctor is enclosed]. | | | | |

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| ................................................  [signature] |
| [responsible person’s name] |