

Dear potential study participant,

I am a 4th year medical and graduate student at the UNT Health Science Center at Fort Worth, and I am very excited to ask you to be a part of an important study that will investigate how your doctor communicates with you. More specifically, I am studying those communication factors between your doctor and yourself that may affect your decision to have a colorectal cancer screening test done once your doctor has recommended it for you. The study is titled

"[REDACTED]", and is being carried-out under the guidance of [REDACTED], [REDACTED] who is the study's principal investigator.

If you agree to participate, the study will analyze your responses to the attached questionnaire. It contains 70 questions that inquire about you, your health, and the communication between your doctor and yourself. It will take approximately 25 minutes to complete. The survey includes a unique identifying number (UIN) that will allow me to review your medical record for colorectal cancer screening documentation and nothing more. Only the research investigators will have access to your information. There is a potential risk for breach of confidentiality. However, the study investigators will take all the necessary precautions to protect your confidentiality as a research participant.

Your participation is voluntary. If you wish to participate in this study, please answer the attached 14-page survey and send it back to me **by February 28, 2009** in the pre-paid, self-addressed envelope. Once your completed and initialed survey has been received, you will be mailed \$5 as a reimbursement for your time and effort. If you do not respond, you are considered to have declined participation in the study.

You can choose to leave the study at any time without penalty or loss of benefits that you are otherwise entitled. Please contact the study investigators at the number below if you wish to withdraw from the study.

Please make sure that you write your initials in the space provided in Question 1, if you plan on participating in this study. This is how you provide your consent to be a part of the study and have your records reviewed for colorectal cancer screening documentation. Without it, we will be unable to use your responses.

If a study-related problem should occur, or if you have any questions at any time about the study, you may contact [REDACTED], Principal Investigator at [REDACTED]. If you have questions about your rights as a participant in this study you may contact Dr Brian Gladue, Chairman of the Institutional Review Board, University of North Texas Health Science Center at Fort Worth at 817-735-0409.

Thank you for your time, effort, and consideration!

Sincerely,

[REDACTED]