December 14, 2021

`r proxy\_first\_name`

`r proxy\_last\_name`

`r proxy\_address`

`r proxy\_city`

,

`r proxy\_state`

`r proxy\_zip`

RE: Vanderbilt Memory & Aging Project

**`r Epoch`**

Visit –

**`r visit1\_date`**

at

**`r visit1\_time`**

**`r day2`**

**`r day3`**

Dear

`r proxy\_salutation`

`r proxy\_last\_name`

,

Thank you for being the **Vanderbilt Memory & Aging Project (VMAP) Study Partner** for

`r first\_name`

.

`r pronoun\_poss\_cap`

`r Epoc`

visit is scheduled for

**`r visit1\_date`**

at

**`r visit1\_time`**

and will last approximately

**`r visit1\_hours`**

hours.

**`r add\_day2\_prox`**

**`r add\_day3\_prox`**

`r p\_req`

We have enclosed several important documents for the visit:

1. **Location and Directions.**

`r location\_day1\_prox`

`r location\_day1\_prox\_extra`

`r location\_day2\_prox`

`r location\_day3\_prox`



`r t\_need\_proxy`

`r hotel\_proxy`



You will be asked to wear a mask throughout

`r pronoun\_poss`

visit; if you do not have a mask, one will be provided.

1. **Study Itinerary and Visit Instructions.** We have included a study itinerary with a schedule and instructions for how to prepare for

`r pronoun\_poss`

1. visits. **It is important that everyone carefully read the visit day instructions and closely follow them**.

`r consent\_prox`



`r cdrq\_prox`

1. `r partner\_prox`
2. `r p\_imp`
4. `r envel`

If you have any questions, you may reach us at **615-347-6937**. We look forward to

`r first\_name`

’s visit on

`r visit1\_date`

at

`r visit1\_time`

, and thank you both for your contribution to our research efforts.

Sincerely,



Paige Crepezzi BSN, RN

Research Nurse Specialist

Vanderbilt Memory & Alzheimer’s Center

Phone: 615-347-6937

Email: paige.e.crepezzi@vumc.org

**Day 1**

**`r Epoch`**

Visit Agenda for

`r first\_name`

Day 1:

**`r visit1\_date`**

at

**`r visit1\_time`**

**Preparing for the Study Visit:**

Please adhere to the following guidelines in preparation for

`r pronoun\_poss`

visit:

1. If

`r pronoun`

wears a wedding ring or other jewelry,

`r pronoun`

1. will have to remove them before the MRI scans.

`r pronoun\_cap`

may need to remove any wigs, hairpieces, or hair extensions before

`r pronoun\_poss`

1. MRI scans. If possible, please leave these items at home.

`r pronoun\_cap`

1. should not wear any tinted hair wax or dry shampoo, as these may pose a safety concern during the MRI.
2. Please remove any nail polish or artificial nails prior to

`r pronoun\_poss`

1. visit.
2. No lotions, perfumes, or scented deodorants may be worn during

`r pronoun\_poss`

visit.

If

`r pronoun`

**wears reading glasses or hearing aids, please be sure to bring these items to the appointment.**

**Study Visit Itinerary:**

**Study Visit Itinerary – Day 1:**

**Day 2**

**`r Epoch`**

Visit Agenda for

**`r first\_name`**

Day 2:

**`r visit2\_date`**

at

**`r visit2\_time`**

**Preparing for the Study Visit:**

`r first\_name`

cannot eat or drink anything other than water after midnight on the evening before

`r pronoun\_poss`

**visit.** Participation requires a fasting blood draw upon arrival of the study visit.

`r pronoun\_cap`

may take

`r pronoun\_poss`

regularly scheduled medications the morning of

`r pronoun\_poss`

visit. If

`r pronoun`

1. takes insulin, please give us a call at 615-347-6937 prior to fasting. We will provide breakfast at the end of the visit.
2. **Drink plenty of water the night before and morning of**

`r pronoun\_poss`

**appointment**. We recommend drinking **at least eight glasses of water** the day before

`r pronoun\_poss`

1. visit. One possible side effect of a lumbar puncture is a headache, which can often be avoided by staying well hydrated. Being well hydrated will also help to make the blood draw more comfortable.
2. **If**

`r first\_name`

**is taking prescription blood thinners** (e.g., Plavix, Warfarin, Pradaxa, Coumadin),

`r pronoun`

should not participate in the lumbar puncture. If

`r pronoun`

1. is taking one of these medications, please call us as soon as possible (615-347-6937).
2. **If**

`r pronoun`

**has been prescribed aspirin that is greater than 325 mg by**

`r pronoun\_poss`

**doctor** for a medical reason, please follow these instructions after consulting with

`r pronoun\_poss`

1. doctor:
   1. Stop taking the aspirin one week before the LP and restart it the day after the LP.
2. **If**

`r pronoun`

1. **is taking aspirin greater than 325 mg on his own** for general health, please follow these instructions:
   1. Stop taking the aspirin one week before the LP and restart it the day after the LP.
2. If

`r pronoun`

1. wears a wedding ring or other jewelry, he will have to remove them before the MRI scans.

`r pronoun\_cap`

may need to remove any wigs, hairpieces, or hair extensions before

`r pronoun\_poss`

1. MRI scans. If possible, please leave these items at home.

`r pronoun\_cap`

1. should not wear any tinted hair wax or dry shampoo, as these may pose a safety concern during the MRI.
2. Please remove any nail polish or artificial nails prior to

`r pronoun\_poss`

1. visit.
2. No lotions, perfumes, or scented deodorants may be worn during

`r pronoun\_poss`

1. visit.

If

`r pronoun`

**wears reading glasses or hearing aids, please be sure to bring these items to the appointment.**

**Study Visit Itinerary – Day 2:**