January 10, 2022

`r first\_name`

`r last\_name`

`r street\_address`

`r city`

,

`r state`

`r zipp`

RE: Tennessee Alzheimer’s Project

**`r Epoch`**

Visit –

**`r visit1\_date`**

at

**`r visit1\_time`**

,

**`r day2`**

, and

**`r day3`**

Dear

`r salutation`

`r last\_name`

,

Thank you for participating in the Tennessee Alzheimer’s Project. Your

`r Epoc`

visit is scheduled for

**`r visit1\_date`**

at

**`r visit1\_time`**

and will last approximately

**`r visit1\_hours`**

hours. Your second visit is scheduled for

**`r visit2\_date`**

at

**`r visit2\_time`**

and will last approximately

**`r visit2\_hours`**

hours. Your third visit is scheduled for

**`r visit3\_date`**

at

**`r visit3\_time`**

and will last approximately

**`r visit3\_hours`**

hours.

Ahead of your visit, please review the material below and contact us with any questions.

1. **Location and Directions.***:*

`r location\_day1`

`r location\_day1\_extra`

`r location\_day2\_3`



`r t\_need`

`r hotel`



You will be asked to wear a mask throughout your 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 your visits. **It is important that you carefully read the visit day instructions and closely follow them**.
2. **Consent Statement.** This document describes the **Tennessee Alzheimer’s Project**. You and your study partner will sign this document again at each visit. Please read the form thoroughly before the appointment. We will ask you and your study partner,

`r proxy\_first\_name`

1. , to sign the consent form after we review it with you at the appointment.
2. **Medical History Forms & Questionnaires.** Prior to your appointment, you will receive information about completing your questionnaires ahead of your visit. A “Questionnaire Information Sheet” is enclosed and includes information about completing the questionnaires. Please be sure to bringyour **medications and vitamins** to the visit so our team can review them with you.
3. **Lumbar Puncture Fact Sheet.** This page includes information about what a lumbar puncture is, how it is performed, why it is important, and some risks and ways to prevent the risks.

If you have any questions, you may reach us at 615-336-3388. We look forward to seeing you on

`r visit1\_date`

at

`r visit1\_time`

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

Sincerely,



Jenna Boue

P20 Program Manager

Vanderbilt Memory & Alzheimer’s Center

Phone: 615-336-3388

Email: [jenna.boue@vumc.org](mailto:jenna.boue@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:**

If you wear reading glasses or hearing aids, please be sure to bring these items with you to the appointment.

**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:**

Participation requires a fasting blood draw upon arrival of your study visit. **Please do not eat or drink anything other than water after midnight on the evening before your visit**. You may take your regularly scheduled medications the morning of your visit. If you take insulin, please give us a call at please 615-336-3388 prior to fasting. We encourage you to drink plenty of water during your fasting period. Being well hydrated will help to make the blood draw more comfortable.

We will provide breakfast immediately after your blood work is finished.

**If you wear reading glasses or hearing aids, please be sure to bring these items with you to the appointment.**

**Preparing for the Visit:** Please carefully read and follow the instructions below to prepare for your lumbar puncture (LP).

* 1. **Do not eat or drink anything other than water after midnight on the evening before your visit.** You may take your regularly scheduled medications the morning of your visit. We will provide breakfast at the end of the visit.
  2. **Drink plenty of water the night before and morning of your appointment**. We recommend drinking **at least eight glasses of water** the day before your visit. One possible side effect is a headache, which can often be avoided by staying well hydrated.
  3. **If you are taking prescription blood thinners** (e.g., Plavix, Warfarin, Pradaxa, Coumadin), you should not participate in the lumbar puncture. If you are taking one of these medications, please call us as soon as possible (615-336-3388).
  4. **If you have been prescribed aspirin that is greater than 325 mg by your doctor** for a medical reason, please follow these instructions after consulting with your doctor:
     1. Stop taking the aspirin one week before the LP and restart it the day after the LP.
  5. **If you are taking aspirin greater than 325 mg on your 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.

We will provide scrubs for you to wear throughout your visit.

**Study Visit Itinerary – Day 2:**

# After your Visit:

Please follow these guidelines after your visit:

1. No heavy lifting or vigorous exercise for 24 hours after the LP. This will reduce the risk of low back soreness or headache.
2. Stay well hydrated during the 24 hours after the LP. This will also help avoid a headache.

The day after your visit, a study coordinator will call you to see how you are doing. You may also reach a team member at any time by calling or texting 615- 336-3388.