July 13, 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`**

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.

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.** Please bring your **medications and vitamins** to the visit so our team can review them with you.

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 **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.

Please adhere to the following guidelines in preparation for your visit:

1. If you wear a wedding ring or other jewelry, you will have to remove them before you have the MRI scans.
2. You may need to remove any wigs, hairpieces, or hair extensions before your MRI scans. If possible, please leave these items at home.
3. Please do not wear any tinted hair wax or dry shampoo, as these may pose a safety concern during the MRI.
4. Please remove any nail polish or artificial nails prior to your visit.
5. No lotions, perfumes, or scented deodorants may be worn during your 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 2:**