July 29, 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 Eligibility Visit –

**`r elig\_date`**

at

**`r elig\_time`**

Dear

`r proxy\_salutation`

`r proxy\_last\_name`

,

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

`r first\_name`

. As a study partner, you will be asked to accompany your loved one to study visits and complete questionnaires about

`r first\_name`

’s everyday functioning.

`r first\_name`

will complete an initial screening or eligibility visit with an interview and cognitive assessment. If the screening visit results indicate that

`r pronoun`

is eligible to participate in the VMAP Study, you will be asked to serve as

`r pronoun\_poss`

study partner, and

`r pronoun`

will return every 18-24 months for a follow-up study visit.

The Eligibility visit is scheduled for

**`r elig\_date`**

at

**`r elig\_time`**

and will last approximately 4 hours.

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

1. **Location and Directions.**

`r location\_prox`

You will be asked to wear a mask throughout

`r pronoun\_poss`

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

`r consent\_prox`

2. `r partner\_prox`

If

`r first\_name`

uses **reading glasses or wear hearing aids**, please be sure to bring these items to the appointment. Please note that

`r pronoun`

**does NOT need to fast for this initial screening visit.**

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

`r first\_name`

’s visit on

`r elig\_date`

at

`r elig\_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