January 28, 2021

`r proxy\_first\_name`

`r proxy\_last\_name`

`r proxy\_address`

`r proxy\_city`

,

`r proxy\_state`

`r proxy\_zip`

RE: **Memory & Aging Project 7 Year Follow-Up Visit –**

`r map\_7yr\_date1`

**at**

`r fu\_time2\_7yr`

Dear Mrs. McCormick,

Thank you for being the **Memory & Aging Project (MAP) Study Partner** for James. His 7 year follow-up visit is scheduled for

`r map\_7yr\_date1`

**at**

`r fu\_time2\_7yr`

**and will last approximately 9 hours**. Your presence is required on

`r map\_7yr\_date1`

**at**

`r fu\_time2\_7yr`

**for approximately 1.5 hours.** We have enclosed several important documents for his visit:

1. **Directions.** James’s appointment will be held exclusively at the Vanderbilt University Medical Center, located on 1210 Medical Center Drive (noted with stars on the enclosed maps). Please valet park at the hospital entrance on 1210 Medical Center Drive – valet parking is free. A MAP team member will meet you inside the hospital lobby.
2. **Study Itinerary and Visit Instructions.** We have included a study visit itinerary with a schedule and instructions for how to prepare for the day. **It is important that**

`r first\_name`

1. **carefully reads the visit day instructions and closely follows them**.
2. **Consent Statement.** This document describes the MAP Study. You and

`r first\_name`

already completed this form when you originally came in for

`r pronoun\_poss`

enrollment visit, but we ask that you complete and sign this document again at each follow-up visit. Please read the form thoroughly. If you have questions, please let us know.

`r first\_name`

will sign a copy of this form at

`r pronoun\_poss`

1. visit, and your signature will also be required. If you will not be attending the visit, we will mail you a copy to sign and return.
2. **Study Partner Packet.** This packet is for you. Please complete these questionnaires prior to

`r first\_name`

’s visit. If you will not be attending, please have

`r first\_name`

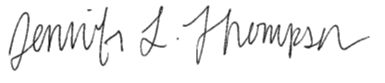
bring your completed forms to

`r pronoun\_poss`

1. appointment.

If you have any questions, you may reach us at **615-347-6937**. Thank you for your contribution to our research.

Sincerely, 



Jenn Thompson Marissa Moore

Memory & Aging Project Coordinator Memory & Aging Project Coordinator

Email: [jennifer.l.thompson.2@vumc.org](mailto:jennifer.l.thompson.2@vumc.org) Email: [marissa.e.moore@vumc.org](mailto:marissa.e.moore@vumc.org)

Study Phone: 615-347-6937