March 29, 2021

`r first\_name`

`r last\_name`

`r street\_address`

`r city`

,

`r state`

`r zipp`

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

`r map\_7yr\_date1`

at

`r fu\_time\_7yr`

**and**

`r map\_7yr\_date2`

at

`r fu\_time2\_7yr`

**.**

Dear

`r salutation`

`r last\_name`

,

Thank you for participating in the **Memory & Aging Project (MAP) Study**. The first day of your 7 year follow-up visit is scheduled for

`r map\_7yr\_date1`

at

`r fu\_time\_7yr`

and will last approximately 7 hours. The second day of your visit is scheduled for

`r map\_7yr\_date2`

at

`r fu\_time2\_7yr`

and will last approximately 4 hours.

1. **Directions.** The first day of your appointment will start at the Vanderbilt Memory and Alzheimer’s Center, located on 1207 17th Avenue S., Suite 204, and end at the Vanderbilt University Medical Center, located on 1210 Medical Center Drive (noted with stars on the enclosed maps). Upon arriving at the Vanderbilt Memory & Alzheimer’s Center, please park in a visitor parking space in the Zone 1 Parking Lot directly next to the building. After completing the scheduled study assessments at the Vanderbilt Memory & Alzheimer’s Center, you will travel to the Vanderbilt University Medical Center. 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. The second day of your appointment will be held exclusively at the Vanderbilt University Medical Center, where you will once again valet park and be met by a MAP team member.
2. **Consent Statement.** This document describes the **MAP Study**. You completed this form when you originally came in for your enrollment visit, but we ask that you complete and sign this document again at each follow-up 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. If your study partner does not plan to attend, we will mail them a copy to sign and return prior to your visit.
2. **Study Itinerary and Visit Instructions.** We have included a study itinerary with a schedule and instructions for how to prepare for your visit. **It is important that you carefully read the visit day instructions and closely follow them**.
3. **Medical History Forms & Questionnaires.** Prior to your appointment, please **complete ALL enclosed questionnaires** and bring the completed forms to your appointment. **Be sure to bring all of your medications with you to your appointment.**

**Study Partner Packet.** We have included a packet of material for your study partner,

`r proxy\_first\_name`

, which we ask that

`r proxy\_pronoun`

1. complete prior to your visit.

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

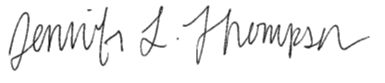
`r map\_7yr\_date1`

at

`r fu\_time\_7yr`

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

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