Date

Participant Name

ADDRESS

ADDRESS

RE: **Vanderbilt Memory & Aging Project [Epoch] Visit – DAY, DATE at TIME1 and DAY, DATE at TIME 2**

Dear Participant Name,

Thank you for participating in the **Vanderbilt Memory & Aging Project (VMAP) Study**. Your [Epoch] visit is scheduled for **DAY, DATE at TIME 1** and will last approximately **X hours**. [*Insert as needed for additional study visit days:* The second day of your visit is scheduled for **DAY, DATE at TIME 2** and will last approximately **X hours**.]

1. **Location and Directions.** [*Select appropriate text below depending on visit structure]:*

* [*Visit at home*]: Day X of your visit will occur at your house.
* [*Visit at VUH/CRC/VUIIS*]: Day X of your visit will be held 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 study team member will meet you inside the hospital lobby.
* [*Visit at research office*]: Day X of your visit will be held at the Vanderbilt Memory and Alzheimer’s Center, located on 1207 17th Avenue S., Suite 302. Upon arriving at the Vanderbilt Memory & Alzheimer’s Center, please park in lot 128, to the right of the building, in a spot labeled “VMAC Participant Parking”. Call **615-347-6937** and a team member will come down to check temperature.
* [*Visit at Research and VUH*]: Day X of your visit will start at the Vanderbilt Memory and Alzheimer’s Center and end at the Vanderbilt University Medical Center. Arrive at Vanderbilt Memory & Alzheimer’s Center, 1207 17th Avenue S., Suite 302, park in lot 128, to the right of the building, in a spot labeled “VMAC Participant Parking”. Call **615-347-6937** and a team member will come down to check temperature. After completing the scheduled study assessments at the Vanderbilt Memory & Alzheimer’s Center, you will travel to the Vanderbilt University Medical Center, 1210 Medical Center Drive, and arrive at the valet park station at the hospital entrance- valet parking is free. A study team member will meet you inside the hospital lobby.
* *[If transportation is provided]:* Your appointment will be held at the Vanderbilt University Medical Center. We will be providing you with transportation to and from your visit with Jeff Cornelius. Jeff’s number is (615) 604-1502 in case you need to contact him.
* *[If participant has hotel accommodations]:*You will be residing at XX - located at XX – on the nights of **DAY, MONTH DATE, YEAR and DAY, MONTH DATE, YEAR**. Your hotel confirmation is: **XXXXXXXX**.

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 **VMAP 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, Proxy Name, 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.

[*If only completing a few study components (interview and questionnaires), add the following text]:*

* 1. Because you will only be completing a phone interview and questionnaires, most of this consent document does not apply to you. There is a note on the first page of the document stating that you will be completing the questionnaires and interview by phone only.
  2. We have already marked “No” for each optional piece in the document because these items do not apply to you.
  3. We have enclosed two copies of the consent form labeled ‘RETURN’ and ‘KEEP’ on the top of the first page.
  4. Once you have read the consent form, **on the version labeled “RETURN”, place your initials on pages 2-4 and sign on pages 8 and 11 where indicated.** Please send this version back to us using the enclosed envelope.
  5. The copy labeled ‘KEEP’ is for you to keep for your records.

1. **Medical History Forms & Questionnaires.** Prior to your appointment, please **complete ALL questionnaires** and have your **medications available.**
2. **Study Partner Packet.** We have included/mailed a packet of material for/to your study partner, Proxy Name, which we ask that s/he complete prior to your visit.

[*Add statement if appropriate]:* **Stamped/Addressed Envelope.** We have included a stamped and pre-addressed envelope for you to mail back your paperwork.

If you have any questions, you may reach us at **615-347-6937**. We look forward to seeing you **DAY, DATE at TIME**, and thank you for your contribution to our research efforts.

Sincerely,

[VMAP Team Leader signature]

[VMAP Team Leader Name, Degree]

[Job title], Vanderbilt Memory & Alzheimer’s Center

Phone: [phone]

Email: [email]

[Insert as needed]: **Day X**

**[Epoch] Visit Agenda for [PARTICIPANT NAME]**

**Day X: Date: [DAY, MONTH DATE, YEAR at TIME]**

**Preparing for the Study Visit:**

Participation in our study requires a fasting blood draw upon arrival to the study visit. **Please do not eat or drink anything other than water after midnight on the evening before the visit**. Take regularly scheduled medications as usual the morning prior to the visit. If insulin is one of the medications, please give us a call at (615) 347-6937 prior to fasting. We encourage drinking plenty of water during the fasting period. Being well hydrated will help to make the blood draw more comfortable. We will provide breakfast immediately after blood work is finished.

Please follow these steps to prepare for the visit:

1. Wedding rings or other jewelry may need to be removed before the MRI scans.
2. Wigs, hairpieces, or hair extensions may need to be removed before the MRI scans. If possible, please remove these items before arrival. Additionally, please do not wear any tinted hair wax or dry shampoo, as these may be a safety concern.
3. Please remove any nail polish or artificial nails prior to the visit.
4. No lotions, perfumes, or scented deodorants may be worn during the visit.

**Bring reading glasses or hearing aids, if needed.**

**Study Visit Itinerary:** [*Note: agenda will represent the specific visit components relevant to the visit. 2 agendas will be created if the visit components are completed across multiple days]*

|  |
| --- |
| Agenda (all components completed on 1 day) |
| [Add Home Pick Up at [TIME] |
| Arrival at Vanderbilt Hospital Valet [TIME] |
| Consent Process |
| Paperwork Review |
| Blood Work & Physical Exam |
| Breakfast |
| Memory Testing |
| Heart MRI |
| Echo & Lunch Break |
| Clinical Interview |
| Brain MRI |
| Study Wrap-up/ Transportation Home [TIME] |

Typical Agendas when Visits completed over 2 days

**Study Visit Itinerary – Day 1:**

|  |
| --- |
| Agenda |
| [Add Home Pick Up, [TIME] |
| Arrival at 1207 17th Ave S [TIME] |
| Consent Process |
| Paperwork Review |
| Memory Testing |
| Lunch |
| Clinical Interview |
| Transfer to Vanderbilt University Hospital |
| Heart MRI |
| Study Wrap-Up/Transportation Home [TIME] |

**Study Visit Itinerary – Day 2:**

|  |
| --- |
| Agenda |
| [Add Home Pick Up, [TIME] |
| Arrival at Vanderbilt Hospital Valet, [TIME] |
| Physical Exam |
| Heart MRI |
| Echo |
| Brain MRI |
| Study Wrap-Up/ Transportation Home, [TIME] |