Date

Study Partner Name

ADDRESS

ADDRESS

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

Dear Study Partner Name,

Thank you for being the **Vanderbilt Memory & Aging Project (VMAP) Study Partner** for [Participant name]. His/her [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 the visit is scheduled for **DAY, DATE at TIME 2** and will last approximately **X hours**.] We have enclosed several important documents for the visit:

*[If study partner attendance is not required]:* Your presence is not required however you are welcome to attend. *[If study partner attendance is required*]: Your presence is required for all study visits. Feel free to bring a book or other form of entertainment to keep you occupied during your waiting period.

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

* [*Visit at home*]: Day X of the visit will occur at his/her house.
* [*Visit at VUH/CRC/VUIIS*]: Day X of the 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 VMAP team member will meet you inside the hospital lobby.
* [*Visit at research office*]: Day X of the 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 study team member will come down to check temperature.
* [*Visit at Research and VUH*]: Day X of the 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, the next portion will occur at the Vanderbilt University Medical Center. Drive to 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]:* His/her appointment will be held at the Vanderbilt University Medical Center. We will be providing transportation to and from the visit with Jeff Cornelius. Jeff’s number is (615) 604-1502 in case you need to contact him.
* *[If participant has hotel accommodations]:*We reserved a hotel room at XX - located at XX – on the nights of **DAY, MONTH DATE, YEAR and DAY, MONTH DATE, YEAR**. The hotel confirmation is: **XXXXXXXX**.

Everyone attending the visit will be asked to wear a mask throughout the 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 his/her visits. **It is important that everyone carefully read the visit day instructions and closely follow them**.
2. **Consent Statement.** This document describes the **VMAP Study**. You and [Participant name] already completed this form at the enrollment visit, but we ask that both of you sign this document again at each follow-up visit. Please read the form thoroughly. If you have questions, please let us know. If you will not be attending the visit, please return the signed copy prior to the visit.
3. **Study Partner Packet.** This packet is for you. Please complete these questionnaires prior to his/her visit. If you will not be attending, return the signed consent document and completed questionnaires in the included prepaid envelope.

*[If participant is impaired]:*In addition to your questionnaires, please complete the following forms & questionnaires on behalf of [Participant name]: The Medical Authorization of Release, Health History Questionnaire, Minnesota Leisure, Quick Food Scan, CHAMPS, and Pittsburgh Sleep Quality Index.

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 his/her 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] |