**OPT-IN LETTER TEMPLATE -** *Use department letterhead --------------------------------*

*>>Date<<*

*Patient Name*

*Address*

*City, State, Zip*

Hello,

I am a researcher at the University of Nebraska Medical Center. When you visited Nebraska Medicine in the past, you agreed to let us contact you about potential research studies. We thought you might be interested in this research study that is currently open for enrollment.

[Write a short summary of what the study is, what the study will help us understand and the impact it could have on research]

[This paragraph can discuss what the participant will have to do to be involved. You can also include any compensation details.]

**If you are interested,** [Enter survey link here or other ways interested patients can be involved]. **If you have any questions about the study, please contact** [Contact info].

Sincerely,

PI Name

Department

University of Nebraska Medical Center

*IRB# 000.00*

*NOTE: Your participation in this study is voluntary. Whether you participate or not will have no effect on the medical care you receive at Nebraska Medicine. If you are not interested and do not want to be contacted about this research study again, reply to this email stating that you are not interested in this study. If you no longer want to be contacted about any research studies and wish to change your research recruitment option, please update the Conditions of Treatment Form by calling 402-559-4222.*