Subject: XXXX

Dear XXXX,

You are invited to participate in a research study at Tufts University School of Dental Medicine (TUSDM) being conducted by Principal Investigator Dr. XXXX. A survey/questionnaire/tool is being administered to [PATIENT POPULATION]. The survey/questionnaire/tool has been created to [DESCRIBE AIM OF STUDY]. This information will help us [DESCRIBE SIGNIFICANCE OF STUDY].

Participation will include [DESCRIBE PARTICIPANT INVOLVEMENT (ie. Number of surveys or visits) AND AMOUNT OF TIME THIS WILL TAKE]. Upon completion of all study visits, you will be given [NOTE ANY COMPENSATION OR SERVICES PROVIDED].

Your participation in this study is voluntary and there are no personal benefits to your participation. Participation or the refusal to participate will have no effect on faculty employment status/student academic standing/your care at TUSDM. The only foreseeable risk of this study is loss of confidentiality. DESCRIBE WHAT IDENTIFYING INFORMATION WILL BE COLLECTED, AND WHEN IT WILL BE DESTROYED. Individual responses will be kept confidential and will not be disclosed to any outside parties. All data collected will be stored in a password protected computer or in a locked cabinet.

This study has been reviewed by the Tufts Social, Behavioral and Educational Research Institutional Review Board (IRB). If you have any questions, comments or concerns, please contact the principal investigator directly at [PI EMAIL] or [PI PHONE]. If you have questions about the rights of research subjects, please contact the Institutional Review Board Administrator at (617) 627-3417.

LINK TO SURVEY: (insert here)

Name, Credentials

Title

Department

Tufts University School of Dental Medicine

1 Kneeland Street

Boston, MA 02111

617-636-XXXX

<EMAIL ADDRESS>

Subject: REMINDER: XXXX

Dear XXXX,

[XX weeks ago] you received an email with an invitation to participate in a research study being conducted at Tufts University School of Dental Medicine (TUSDM). I wanted to take a moment to let you know that the survey is still open for responses. As a reminder, the goal of this survey is to [STUDY AIM/SIGNIFICANCE].

Participation will include [DESCRIBE PATIENT INVOLVEMENT (ie. Number of surveys) AND AMOUNT OF TIME THIS WILL TAKE]. Upon completion of the survey, you will be given [NOTE ANY COMPENSATION] **or** No compensation will be provided for participating in this study.

Your participation in this study is voluntary and there are no personal benefits to your participation. Participation or the refusal to participate will have no effect on faculty employment status/student academic standing/your care at TUSDM. The only foreseeable risk of this study is loss of confidentiality. DESCRIBE WHAT IDENTIFYING INFORMATION WILL BE COLLECTED, AND WHEN IT WILL BE DESTROYED. Individual responses will be kept confidential and will not be disclosed to any outside parties. All data collected will be stored in [a password protected computer/BOX or in a locked cabinet].

This study has been reviewed by the Tufts Social, Behavioral and Educational Research Institutional Review Board (IRB). If you have any questions, comments or concerns, please contact the principle investigator directly at [PI EMAIL] or [PI PHONE]. If you have questions about the rights of research subjects, please contact the Institutional Review Board Administrator at (617) 627-3417.

LINK TO SURVEY: (insert here)

Name, Credentials

Title

Department

Tufts University School of Dental Medicine

1 Kneeland Street

Boston, MA 02111

617-636-XXXX

<EMAIL ADDRESS>