**Instructions for Recruitment Letter Template**  
A mailed-out letter is considered a secure form of communication. For this reason, a limited amount of personal health information (PHI) can be included in the letter, as long as it is sent by an individual the potential participant would recognize as having access to their personal information (i.e.: a member of their circle of care).

This letter may only be sent by a research team member if permission to contact for research purposes is documented:

* Patient is flagged as “OK to contact” in EPIC **or**
* Permission to contact was obtained and documented in a clinic note by a member of the circle of care.

TIPS FOR WRITING THE RECRUITMENT LETTER

* Delete the instruction page prior to REB submission.
* Only use the header logos that are applicable to the site where the study is being conducted.
* Use plain (lay) language that is easy for a non-medical person to understand:
  + Use short sentences and sections and simple words; avoid scientific or technical explanations;
  + Ensure that the final form is properly formatted and free of spelling or grammar errors;
  + Aim for grade 8 reading level, ideally no more than grade 10.
* Define all acronyms and abbreviations when they first appear.

How to use this template

* *GREY highlighted text*: General instructions.
* **BLUE text:** To be deleted/modified as needed, prior to REB submission.
* **PURPLE text:** Different scenarios.
* **BLACK text:** OHSN-REB approved template wording and/or examples that should not be altered without justification.
* This template is intended to serve as a **GUIDE**. Depending on the details of your study, you may need to provide different information and details than those stated in the template.
* Recruitment Letters should ideally be 1 page in length and should not exceed 2 pages.

[Date (dd-mmm-yyyy)]

[Patient Name]

[Patient Address]

Dear [Patient/Parent/Family Caregiver],

*Introduce where the letter is coming from and why:*The [clinic name] at [The Ottawa Hospital or University of Ottawa Heart Institute] is conducting a research study. You are being sent this letter because [you may be a good candidate for participation].

*Explain the purpose of this research study. This paragraph should mirror the ‘Why is this study being done?’ section of the ICF:*

The purpose of this study is to [insert purpose of overall research study and how the purpose of the study will be achieved]. The results of this study will [insert how the results of this research study will be used/useful and why it is important; what the results will contribute].

*Provide a* ***brief*** *description of the research study procedures. Descriptions do not need to be as detailed as in the consent form.*

This study involves [insert the research procedures, e.g. ‘monthly injections with an investigational drug, CT-scan and MRI every 6 months and completion of Quality of Life questionnaires at every study visit’ or ‘collection of 10ml (two teaspoons) of blood at your next clinic visit.] It will take about [how long will it take to complete these research procedures].

***If letter is being sent by circle of care, the recipient should be instructed to contact Research Team if they are interested.***

If you are interested in participating in this research or would like to discuss further, please contact the research team at [insert phone number].

***If letter is being sent by research team (because permission to contact for research purposes is documented in Epic or clinic note), the recipient should be instructed to contact the research team if they are interested, but also advised that the research team will follow-up with a phone call within 2 or 3 weeks.***

If you are interested in participating in this research or would like to discuss further, please feel free to contact the research team anytime at [insert phone number].

If we don’t hear from you within [established time frame i.e. 2 or 3 weeks] of mailing this letter, [insert appropriate suggested follow up language below]

* ***If approached in person during a clinic visit:***

a member of the research team will approach you during your next clinic visit, to explain more about the study and offer you the Consent Form to read. If you are interested at that time, then your consent to participate will be obtained.

* ***If via telephone:***

a member of the research team will call you to explain the study in detail and answer any questions you may have. If you would like to participate, the Consent Form can be sent to you via secure file transfer with instructions on how to sign and return it. *OR* If you verbally consent to participate, the [questionnaires/ interview can be carried out at that time].

Participation is voluntary. You do not have to participate in this research study if you do not want to. Your decision will not affect the care you receive at [TOH/UOHI]. If you decide to participate in this study you can change your mind at any time without giving a reason.

Thank you for considering participation in this study.

Sincerely,

*For initial contact with potential participants,* *the signatory must be someone known to the potential participant (circle of care), unless permission to contact for research purposes is documented in EPIC or a clinic note, in which case a member of the research team may send the letter.*

[Sender’s name]   
[Sender’s institution]   
[Sender’s telephone number]