**Email Template: Patient Recruitment Email for Initial Contact**

Template Version: October 5th, 2023

**User Instructions:**

For use for **TOH and** **UOHI** **patient** related recruitment when **ALL** the following apply:

1. The patient has agreed to be contacted for research purposes (i.e.: permission to contact (PTC) is documented as “OK to contact” in EPIC) **and**
2. The patient has agreed to be contacted by email (i.e.: email is listed as the patient’s communication preference in EPIC, or email is included as a communication preference under “Other Communications” in MyChart).
   * For instructions on how to check a patient’s communication preferences in MyChart, please see ‘*Use of Patient Email in Clinical Research: Researcher FAQs and Answers’.* **and**
3. Initial contact via email and all email templates have been approved by the REB office.

Thistemplate is written with generic wording to align with TOH/UOHI Privacy Policy, which indicates that **the body of the email should not contain detailed personal health information** (PHI).

* If PHI must be communicated to patients via email it should be done through a secure link (Microsoft 365 SharePoint /OneDrive, Methods Centre Electronic Data Capture System, etc.).
* Alternatively, PHI may be communicated to participants in an **encrypted/password protected document** attached to the email, with the password relayed to the potential/existing participant over the phone. At UOHI, the use of FortiMail would be the best practice in this situation.

**Note the following:**

* Only use corporate TOH/OHRI/UOHI email accounts. The use of a personal email account (e.g., Hotmail, Gmail, etc.) for TOH or OHRI or UOHI business is prohibited.
* Use of a “Private” or “Confidential” flag is **mandatory** to alert the patient recipient that the email contains sensitive information.
* Subject line must include “Private/Confidential” and have no reference to a health condition or pending procedure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Recruitment Email**

**Subject Line:** Private/Confidential: Invitation to participate in research*\*or other neutral, non-incentivizing subject line. Do not include disease, recipient names or initials.*

Hello,

You are receiving this email because you have agreed to be contacted for research purposes at The Ottawa Hospital or University of Ottawa Heart Institute.

You are being asked to participate in a research study that we are conducting.   
  
Participation is voluntary.

Briefly, the study involves **[provide** **a brief summary of why the study is being conducted and what participants will be asked to do, time commitment, and if applicable - compensation for, and location of, participation**]. *(Reminder, do not include PHI in the body of the email)*

The **[Informed Consent Form *or* Information Sheet]** is available for review **[in your MyChart account *or* via the following secure link *or* is attached as an encrypted/password protected document (contact the research team at the phone number below to be provided with the password to the document)].**

***If participation only involves an electronic survey/questionnaire* *and implied consent will be sought using OHSN-REB’s Implied Consent Form template:***   
*(reminder, a consent process is still required even if participation only involves a one-time survey /questionnaire – typically implied consent is required, using OHSN-REB’s Implied Consent Form template).*

***If participation only involves a hardcopy electronic survey/questionnaire* *and implied consent will be sought using OHSN-REB’s Implied Consent Form template:***   
If you would like to participate in this study, please **contact the research team at the phone number below to be provided with the password to open the attached encrypted/password protected Implied Consent Form and Survey/Questionnaire.**

***If potential participant has questions and/or must contact the study team to participate:***

* If you have any questions, **[or if you are interested in participating]**, please contact the Research Coordinator at **[insert phone number and extension]** or at **[email address].**
* Note: For sensitive conditions or vulnerable patient populations the ethics board may insist that the patient reply to the sender to express interest before a link or attachment to the consent form can be shared.

***If you will be sending a reminder email, make it clear here that you will be sending a reminder, when it will be sent and how many reminders you will send. Note: When creating the Reminder Email, use the REB’s ‘Email Template - Reminder Recruitment Email.’***

***Mandatory language:***

**Note:** Email is considered a non-secure form of communication as it may be accessed by unauthorized third parties; do not send any sensitive information via email.

Thank you,

**[Researcher’s name]**

**[Researcher’s institution]**

**[Researcher’s email address]**

**[Researcher’s telephone number]**