

>>DATE<<

>>Participant's Name<<

>>Participant's Address<<

Dear >>Participant's Name<<,

Enclosed please find the documents for the Accelerated Cure Project for Multiple Sclerosis study about which we spoke. I have enclosed an Informed Consent Form and Case Report Form for you and each of your relatives or friends you plan to invite to participate in the study.

Please review the consent form carefully. By signing this consent form, you are agreeing to participate in the above-mentioned study. During your first visit, we will review this consent form with you and answer any questions or concerns you may have about this study. Therefore, we are asking that you do not sign this consent form until your first visit. Once your questions have been answered and you decide to participate, you will be asked to sign and date this consent form. You will also be given a copy of your signed consent form to take home.

It is also important to review the Case Report Form. Many of the questions may require some research on your part, which is why we send them out in advance. Feel free to mark it up and write down any questions you have. During your appointment, I will complete a fresh one with each of you to be sure we have all the information we need.

We will also require medical records concerning the history of your demyelinating disease. These records are listed in the attached worksheet.

Thank you for your consideration of this important research. Though it may take a few hours of your time, the information you provide could help scientists develop new treatments and ultimately a cure for MS and other demyelinating diseases.

When you come for your appointment, < insert site specific instructions as to where to park, how to find clinic >.

If you have any questions, please call me at < phone number >.

Warmest Regards,

< Study Coordinator Name >

< Site Information >

## Checklist of Records Needed for the Accelerated Cure Project for Multiple Sclerosis Study

If you have always been treated here at <Site Name> for your demyelinating disease, most of these records will be available in your medical chart. The only records you may need to get are the MRI films.

If you were treated by another physician at the time of your diagnosis, and have never had those records transferred to <Site Name>, or if you are currently being treated outside of <Site Name>, please contact your doctor and have these records with you at the time of your visit.

The **earliest available** MRI **FILMS** that show evidence of your demyelinating disease **and a copy of the report**:

Date performed: \_\_\_\_\_ Location: \_\_\_\_\_

Have films? \_\_\_\_\_ If no, state reason: \_\_\_\_\_

Have report? \_\_\_\_\_ If no, state reason: \_\_\_\_\_

The **earliest available** lumbar puncture report that shows evidence of MS (if applicable):

Date performed: \_\_\_\_\_ Location: \_\_\_\_\_

Have report? \_\_\_\_\_ If no, state reason: \_\_\_\_\_

The **earliest available** neurological exam report that shows evidence of MS (if applicable):

Date performed: \_\_\_\_\_ Location: \_\_\_\_\_

Have report? \_\_\_\_\_ If no, state reason: \_\_\_\_\_

The **earliest available** CNS biopsy report:

Date performed: \_\_\_\_\_ Location: \_\_\_\_\_

Have report? \_\_\_\_\_ If no, state reason: \_\_\_\_\_

The **earliest available** standardized assessment scales (EDSS, 25 ft walk, 9 hole peg test, ambulation index, disease state)

Date performed: \_\_\_\_\_ Location: \_\_\_\_\_

Have report? \_\_\_\_\_ If no, state reason: \_\_\_\_\_