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| **Department of Neurology** 395 W. 12th Ave. 7th Flooreans Columbus, OH 43210  |



August 27, 2024

Dear Mr.,

It was a pleasure talking with you about the XXXX Study. On the screening visit we will go over any questions you have about the study and then we will sign the consent form.

Your screening visit is scheduled for **February 11th** at **1:30pm on the 2nd floor at the Clinical Research Center (CRC) in Davis Hall (see attached map)**. At this visit the following procedures will be done:

* Review Medical History and Medications
* Physical Exam
* Vital Signs
* Blood and Urine Sampling
* EKG
* Cognitive Testing
* Muscle Strength Testing (please do not wear jeans or restrictive clothing)
* Long Exercise Test (a form of an EMG)
* Review How to Keep Phone Diary

If you have any questions do not hesitate to contact me 614-366-9050.

Sincerely,

Clinical Research Coordinator