**INFORMATION FOR PAST STUDY PARTICIPANTS**

Protocol: IRB-AAA[#]

IRB Protocol Title: [title]

Date: [date]

Dear [past research participant]:

You are receiving this communication because you were a participant in the research study listed above.

The purpose of this letter is to notify you of a change to the information in the consent form that you read and signed.

**The following is new information:**

Columbia University Irving Medical Center has recently implemented a new electronic medical record (EMR) system, which will be shared with Weill Cornell Medical Center and NewYork-Presbyterian Hospital and its affiliated institutions.

Although you are no longer in this research study, your past participation will be documented in the new shared EMR system. Medical records in this system can be viewed by authorized personnel from these institutions. Study monitors and others who provide oversight of the study may also need to access this record.

If you have any questions or concerns about this new information, or about your rights as a research subject, please contact:

Institutional Review Board

Columbia University Irving Medical Center

154 Haven Avenue, first floor

New York, NY 10032

Telephone: (212) 305-5883

Email: irboffice@columbia.edu

An Institutional Review Board is a committee organized to protect the rights and welfare of

human subjects in research.

Thank you.

[PI name]

[PI contact information]

*This form has been approved by the Columbia University Human Research Protection Office. February 10, 2020*