Date

Dear XXXX,

Below are the details of your upcoming visits. Please keep receipts from your meals for both you and your caregiver for reimbursement of your expenses related to trial enrollment.   Anytime during the study that you have a headache or problem please let me know ASAP.  It is important that I report adverse events promptly.

**Day 8**

August 24th - I will call you.  Quick check in on how you are doing.

**Day 21-** Wednesday- 9/8/2021

8:00am @ Dodd/Davis Clinical Research Center 480 Medical Center Dr. 2nd Floor

10:00 Dosing @ Radiology Doan Hall

5:00pm - Departure

**Day 42 –**Monday-9/27/2021

8:00am @ **OSU Doan Hall 410 West. 10th Ave**.  go to the 2nd floor Radiology and check-in.

8:30 Dosing @ Radiology Doan Hall

2-2:30 Departure from Brain and Spine Hospital

**Day 63-** Monday10/18/2021

**COME FASTING**

8:00 am @ Dodd/Davis Clinical Research Center 480 Medical Center Dr. 2nd Floor

10:00 Dosing @ Radiology, Doan Hall

5:00 Departure

**Day 84** Monday11/8/2021

8:00am @ Dodd/Davis Clinical Research Center 480 Medical Center Dr. 2nd Floor

10:00 Dosing @ Radiology, Doan Hall

5:00pm - Departure

**Day 137**- Phone call check-in end of December.

Please let me know if you have any questions or problems with the above.  I really enjoy working with you.

Sincerely,