

Lung Screening Study
Sample Informed Consent Cover Letter

(Date)

(Participant Name)
(Participant Address)
(City, State, Zip Code)

Dear *(Participant Name)*:

Thank you for answering questions about your eligibility to participate in the Lung Screening Study. Your response is very valuable to us and your effort is greatly appreciated.

As explained to you on the telephone, by signing the enclosed consent form and returning it in the postage-paid envelope, you will be giving us your permission to enroll you in the Lung Screening Study. The purpose of the study is to determine the effectiveness of screening spiral CT (low radiation-dose computed tomography) in detecting lung cancer relative to screening chest X-ray in men and women ages 55-74 who are smokers or former smokers. The information you continue to provide is vital to the success of the study.

The confidentiality of all information collected will be protected, except as required by law, and will be used for research purposes only. No identifying information will be released.

Thank you again for your continued support of this important research. If you have any questions regarding this study, please contact me or my colleague, *(Name of Screening Center Coordinator)* at *(telephone number)*.

Sincerely,

(Name of Investigator)
Principal Investigator