

**Lung Screening Study
Result Letter to Participant**

[DATE]

[PARTICIPANT NAME]
[PARTICIPANT ADDRESS]

Dear [PARTICIPANT NAME],

Recently you participated in a voluntary screening exam as part of the Lung Screening Study. The result of your (CHEST X-RAY/SPIRAL CT) exam was found to be negative with significant abnormal findings. The attached report provides you with detailed results of your exam.

The screening examination was not intended to be a complete physical examination or a substitute for a visit to a doctor. We recommend that you make an appointment with your primary care physician to have these results fully evaluated. A copy of the exam results has been mailed to your physician if you listed one at the time you started in the study. If you do not have a physician or would like us to recommend one, we would be happy to consult with you. Please contact us to let us know whether you plan to see your own doctor or if you need a referral.

We appreciate your cooperation in this program. If you have any questions about the exam results or any other aspect of the Lung Screening Study, please do not hesitate to call NAME, Lung Screening Study Project Coordinator at (###) ###-####.

Sincerely,

Principal Investigator
Lung Screening Study