

**Lung Screening Study
Result Letter to Participant's Physician**

[DATE]

[PHYSICIAN NAME]
[PHYSICIAN ADDRESS]

RE: Participant Name: [PARTICIPANT NAME]
Date of Birth: [DATE OF BIRTH]
Date of Examination: [DATE OF EXAM]

Dear Doctor [PHYSICIAN NAME] ,

Recently [PARTICIPANT NAME] participated in a voluntary screening exam as part of the Lung Screening Study. This is an NCI-sponsored scientific study designed to compare chest X-rays and spiral CTs as potential screening tests for lung cancer.

[PARTICIPANT NAME]'s (CHEST X-RAY/SPIRAL CT) exam was found to be negative with significant abnormal findings. At the participant's request, we are sending you the attached report, documenting the results of the examination.

This screening examination was not intended to be a complete physical examination or a substitute for a visit to a doctor. We have contacted [PARTICIPANT NAME] and recommended that he/she contact you to discuss these findings and we encourage you to see [PARTICIPANT NAME] for any diagnostic follow-up you deem necessary. If you would like additional information regarding the diagnosis and treatment of lung cancer, please contact the Screening Center.

We appreciate your cooperation in this important 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