

**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 minor abnormal findings. At the participant's request, we are sending you the attached report, documenting the results of the examination. We have sent the results of this exam to [PARTICIPANT'S NAME]. We notified [him/her/] that the findings are common benign conditions that require no immediate follow-up or evaluations, and recommended that he/she discuss these findings with you at his/her next routine visit. This screening examination was not intended to be a complete physical examination or a substitute for a visit to a doctor. 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