

**Lung Screening Study**

<b>WEEKLY LOG OF MAILED RESULT LETTERS</b>						
Date Shipped:  __ _  -  __ _  -  2 _ 0 _ _			Last Day of Reporting Period:			
Screening Center ID:  __ _			__ _  -  __ _  -  2 _ 0 _ _			
Screening Center Staff ID:  __ _ _ _			Page ____ of ____			
PID	Date of Exam	Visit #	SCT/X-ray	Result	Date of Letter to Participant	Date of Letter to Physician

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