

Lung Screening Study
Sample Cover Letter to Request Medical Records

(Date)

(Name of Institution)
(Address of Institution)
(City, State, Zip Code)

RE: (Name of Participant)

Date of Birth: (Participant DOB)
Date of Screening Visit: (Date of Visit)

Dear (Physician/Head of Medical Records Department):

The above named is a participant in the Lung Screening Study and has indicated that s/he was intending to be seen at your institution for follow-up of an abnormal chest X-ray/spiral CT screening exam.

We would appreciate receiving copies of medical records pertaining to the abnormal X-ray/CT screening exam. Please include all relevant records from the date of the screening exam to the present time. Enclosed you will find a copy of the consent form authorizing release of information. Please send the following information in regards to any (Type of Exam) done after (Date of SCT/Chest X-ray exam).

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Admission history | <input type="checkbox"/> | Radiology reports |
| <input type="checkbox"/> | History and physical | <input type="checkbox"/> | Pathology reports |
| <input type="checkbox"/> | Discharge summary for all hospitalizations related to diagnosis | <input type="checkbox"/> | Lab reports |
| <input type="checkbox"/> | Operative reports | <input type="checkbox"/> | Progress notes and reports of diagnostic work-up |

If you have no records for this patient, please check here (we have no records) and return this letter.

Thank you for the time and effort involved in complying with our request. If you have any questions, please do not hesitate to call (Coordinator Name) at (999) 999-9999.

Sincerely yours,

(Name of Investigator)
Principal Investigator