

Colorectal Screening Verification Letter

March 22, 2016

[Name]

[Address]

[City, State Zip]

Dear Dr. _____,

Recently, we sent you a letter requesting some colorectal cancer screening information for your patient [patient first & last name]. [Patient First Name] is participating in the Family CARE (Colorectal Cancer Awareness & Risk Education) Project which is a research study being conducted at Huntsman Cancer Institute at the University of Utah. This study aims to promote cancer prevention behaviors among families that have been affected by colorectal cancer. One of the key aims of this study is to determine which intervention group (individualized cancer risk counseling vs. targeted print materials) is more likely to encourage participants to get a colorectal cancer screening test.

After receiving interventions either by phone or by mail, study participants are asked in follow-up questionnaires whether or not they were screened for colorectal cancer within the past 15 months. In one of [her/his] follow-up questionnaires, [patient first name] reported having a [type of screening] and has given us permission to contact you to validate this information by comparing it to their medical record. We are interested in receiving information on the following screening tests: colonoscopy, fecal occult blood test (FOBT), and fecal immunochemical test (FIT). Enclosed is a copy of [patient first name]'s signed authorization for disclosure of medical information and a form to report the date and type of test/procedure completed, as well as if the test/procedure was done for screening or diagnostic reasons. Please return the form in the enclosed postage-paid envelope.

If you have any questions about this request, please call the Family CARE Project office at xxx-xxx-xxxx or toll-free at xxx-xxx-xxxx or email us at EMAIL@ADDRESS.

If you have already completed and returned the Colorectal Cancer Screening Report Form, please accept our sincere thanks.

Sincerely,

NAME

Principal Investigator