

Format 1: Sample Letter to Informant: Known Telephone Number

Dear _____,

I am writing on behalf of the National Heart, Lung, and Blood Institute's Jackson Heart Study/Atherosclerosis Risk in Community Study, a project of (name of institution) designed to measure the rates of heart disease in (name of state or area), to ask for your help. Your name is listed on the death certificate of (name) who passed away on (date). In a few days (name), a member of my staff, will be calling to explain further about the project and seek your permission to ask a few medical questions. Of course, your participation is entirely voluntary.

The information we need will be used for statistical purposes only, and will remain strictly confidential. It will contribute to our efforts to better understand heart disease and prevent its occurrence in the future. Thank you very much in advance for your help in this important study.

Sincerely,

JHS Principal Investigator
(Name of Institution)

Thomas H. Mosley, Jr., PhD
ARIC Principal Investigator
University of Mississippi Medical Center

Format 2: Sample Letter to Informant: Unknown Telephone Number

Dear _____,

I am writing on behalf of the National Heart, Lung, and Blood Institute's Jackson Heart Study/Atherosclerosis Risk in Community Study, a project of (name of institution), designed to measure the rates of heart disease in (name of state or area), to ask for your help. Your name is listed on the death certificate of (name) who passed away on (date). We would like to call you to explain more about the project and to ask a few medical questions, but have been unable to find your telephone number.

Could you take a few moments to fill out and mail the enclosed postcard? The information we will be calling about will be used for statistical purposes only, and will remain strictly confidential. It will contribute to our efforts to better understand heart disease and prevent its occurrence in the future. Of course, your assistance in our research is entirely voluntary. Thank you very much in advance for your help in the important study.

Sincerely,

JHS Principal Investigator
(Name of Institution)

Thomas H. Mosley, Jr., PhD
ARIC Principal Investigator
University of Mississippi Medical Center

(ENCLOSE POSTCARD, RETURN ADDRESSED AND STAMPED. SEE FORMAT 3.)

Format 3: Replay Postcard From Informant With Telephone Number

FORMS SHOULD BE RETURN-ADDRESSED TO JACKSON HEART STUDY AND STAMPED.

Dear (Name of Cohort morbidity and mortality Supervisor):

I will be able to help with the Jackson Heart Study/Atherosclerosis Risk in Community.

I do have a telephone number which is () _____. The best times to reach me are or _____.

An alternative telephone number is: () _____. The best times to reach me at this number are _____ or _____.

I do not have a telephone number, but I agree to be interviewed in person, and will be calling your staff to set up a time and a place for the interview.

Sincerely,

Print Name of Informant

Format 4: Sample Letter to a Neighbor RE: Location of Informant

Dear _____,

I am writing on behalf of the National Heart, Lung, and Blood Institute's Jackson Heart Study, a project of (name of institution) designed to measure the rates of heart disease in (name of state or area), to ask for your help. As you may know, (name of decedent) passed away on (date). As part of the study, we are systematically attempting to contact a next-of-kin or another person who lived with the decedent, in order to obtain some medical information that would help us to find out whether (name of decedent) died from a heart attack. Since we have not been able to locate such a person and since you were (name of decedent's) neighbor, we believe that you may be able to help us.

Could you take a few moments to fill out and mail the enclosed postcard? The information we wish to obtain from a next-of-kin or another person who lived with (name of decedent) will be used for research purposes only, and will remain strictly confidential. It will contribute to our efforts to better understand heart disease and prevent its occurrence in the future. Of course, your assistance in our research is entirely voluntary.

If you have any questions, please feel free to call me collect at (). Thank you very much in advance for your help in this important study.

Sincerely,

JHS Principal Investigator

(ENCLOSE POSTCARD, RETURN-ADDRESSED AND STAMPED. SEE FORMAT 5)

Format 5: Reply Form on the Location of Informant

POSTCARD SHOULD BE RETURN-ADDRESSED TO JACKSON HEART STUDY AND STAMPED.

Dear (Name of Cohort morbidity and mortality Supervisor):

The following individual(s) was (were) living with (name of decedent) at the time of his/her death:

Name	Relationship to Deceased	Present Address	Present Telephone Number
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

I do not have any information on persons who were living with (name of the decedent) at the time of his/her death.

Sincerely,

(Print Name of Neighbor)

Format 6: Informant Release of Information Form: Nursing Home

I hereby authorize and request _____ to furnish to the Jackson Heart Study the medical records on (name of the decedent). These records will be reviewed only for research purposes and none of the information will be released to any individual other than the research team. Any costs for reproduction of records will be covered by the study.

Date: _____ Signed:

(Relationship to the Deceased)

Witness:

Format 7: Letter to Physician Signing Death Certificate

Dear Doctor _____,

I am writing on behalf of the Jackson Heart Study/Atherosclerosis Risk in Community Study, an epidemiologic project of (name of institutions). The survey is assessing incidence of myocardial infarctions, congestive heart failure and coronary death in three counties in Mississippi. We need some information concerning (name of the decedent), whose death certificate you signed on (date). The information is needed to supplement the death certificate in assigning a cause of death. Could your nurse or you take a few moments to provide the answers to the questions on the enclosed form from your records?

This information will be used for statistical purposes only, and will remain strictly confidential. If you have any questions, please feel free to call me collect at (____). Thank you very much in advance for your kind assistance and consideration of this request.

Sincerely,

JHS Principal Investigator

Thomas H. Mosley, Jr., PhD
ARIC Principal Investigator
University of Mississippi Medical Center

Enclosure: Physician Questionnaire

Format 8: Letter to Attending Physician of Decedent

Dear Doctor _____,

I am writing on behalf of the Jackson Heart Study/.Atherosclerosis Risk in Communities Study, an epidemiologic project of (name of institutions). The survey is assessing incidence of myocardial infarctions and coronary death in Hinds, Madison, and Rankin counties in Mississippi. We need some information concerning (name of decedent), who, according to the family, was your patient. The information is needed to supplement the death certificate in assigning a cause of death. Could your nurse or you take a few moments to provide the answers to the questions on the enclosed form from your records?

This information will be used for statistical purposes only, and will remain strictly confidential. If you have any questions, please feel free to call me collect at (____). Thank you very much in advance for your kind assistance and consideration of this request.

Sincerely,

JHS Principal Investigator

Thomas H. Mosley, Jr., PhD
ARIC Principal Investigator
University of Mississippi Medical Center

Enclosure: Physician Questionnaire

Format 9: Informant Release of Information: Physician

Physician:

The above named physician has my permission to release medical information to the Jackson Heart Study/Atherosclerosis Risk in Communities Study. This information will be used for statistical purposes only, and will remain strictly confidential.

Decedent's name:

My name:

Address:

Relationship to Decedent:

Date: _____ Signed:

Witness:

Format 10: Informant Release of Information: Out-of-Area Hospital

TO:

(Name of Hospital)

The above named hospital has my permission to release medical information to the Jackson Heart Study. This information will be used for statistical purposes only, and will remain strictly confidential.

Decedent's Name:

My Name:

Address:

Relationship to Decedent:

Date: _____ Signed:

Relationship to Decedent:

Witness: