

APPENDIX E: Sample Letters for MESA Events

E.1 Introduction

The following letters are samples/templates for letters/requests you may need to send to outside resources (i.e., proxies, physicians, coroners, etc.) to obtain participant medical records and other documentation pertinent to MESA events ascertainment. Please note you are not required to use these formats, but, rather these letters may be used as guidelines to help ensure pertinent information is requested from each source.

The following sample letters are included in this appendix:

E.2.1.	HOSPREL	Hospital medical record release form
E.2.2.	HOSPCOV	Cover letter to hospital to obtain medical records
E.2.3	PHYSREL	Physician/clinic record release form
E.2.4	PHYSCOV	Cover letter to physician/clinic to obtain medical records
E.2.5	MELET	Cover letter to next of kin to obtain medical examiner/coroner reports
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E.2 Sample MESA Events Letters

E.2.1 HOSPREL (Hospital medical record release form)

MESA STUDY HOSPITAL MEDICAL RECORD RELEASE FORM

Patient: **[participant name]**
 [participant street address]
 [participant city, state zip]

Hospital: [hospital name]
 [hospital street address]
 [hospital city, state zip]

Please release to the Multi-Ethnic Study of Atherosclerosis (MESA):

All records of hospitalizations which occurred during the period **[time between clinic visit and follow-up phone call 1]**.

I authorize the above agency to release copies of my medical records to the **[institution]**, MESA. This information will be used to statistical purposes only, and will remain strictly confidential.

Signature of Patient

Date

E.2.2 HOSPCOV (Cover letter to hospital to obtain medical records)

[date]

[hospital name]

[hospital street address]

[hospital city, state zip]

Dear Correspondence Clerk:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]**, along with five other centers in the United States.

[participant] (date of birth **[date of birth]**), a participant in our study, was a patient at **[hospital name]** during **[year]**. Enclosed you will find a release of medical information signed by **[next of kin name]**. We are needing medical records involving that hospitalization including ER report, History and Physical, Discharge ICD-9 codes, Discharge Summary, Progress Notes, ECGs and Enzyme reports, and all other test and procedure results.

If you have any questions, please feel free to call **NAME**, our local Surveillance Supervisor, at **PHONE NUMBER**.

This information will be used for statistical purposes only, and will remain strictly confidential. Thank you very much in advance for your help in this important study.

Sincerely,

NAME

Principal Investigator

Enclosure: Release Form

E.2.3 PHYSREL (Physician/clinic record release form)

MESA STUDY PHYSICIAN/CLINIC RECORD RELEASE FORM

Patient: **[participant name]**
 [participant street address]
 [participant city, state zip]

Hospital: [doctor's office or clinic name]
 [doctor's office or clinic street address]
 [doctor's office or clinic city, state zip]

Please release to the Multi-Ethnic Study of Atherosclerosis (MESA):

All records of diagnoses and procedures that occurred during the period **[time between clinic visit and follow-up phone call 1]**.

I authorize the above agency to release copies of my medical records to the **[institution]**, MESA. This information will be used to statistical purposes only and will remain strictly confidential.

Signature of Patient

Date

E.2.4 PHYSCOV (Cover letter to physician/clinic to obtain medical records)

[date]

[doctor's office or clinic name]

[doctor's office or clinic street address]

[doctor's office or clinic city, state zip]

Dear Correspondence Clerk:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]**, along with five other centers in the United States.

[participant] (date of birth **[date of birth]**), a participant in our study and your patient, reported being under your care during **[year]**. Enclosed you will find a release of medical information signed by **[next of kin name]**. We are needing medical records involving diagnoses and procedures including History and Physical, Discharge ICD-9 codes, Discharge Summary, Progress Notes, ECGs and Enzyme reports, and all other test and procedure results.

If you have any questions, please feel free to call **NAME**, our local Surveillance Supervisor, at **PHONE NUMBER**.

This information will be used for statistical purposes only, and will remain strictly confidential. Thank you very much in advance for your help in this important study.

Sincerely,

NAME

Principal Investigator

Enclosure: Release Form

E.2.5 MELET (Cover letter to next of kin to obtain medical examiner/coroner reports)

[date]

[contact/next of kin name]

[street address]

[city, state zip]

Dear **[contact/next of kin name]**:

I am writing with regard to our telephone interview on **[date]** regarding **[participant]**. Your information has been extremely valuable to the Multi-Ethnic Study of Atherosclerosis (MESA). Thank you.

[participant]'s death was investigated by the County Medical Examiner's Office. With your permission, the MESA would like to review those records to confirm the medical details. The Medical Examiner requires a written consent for release of medical information. Would you please sign the enclosed consent form for the Medical Examiner and return it to us in the enclosed stamped envelope?

Please note your consenting to the release of this information is completely voluntary and, if you choose to not offer us your consent, it will in no way affect any relationship you may have with this institution. If you have any questions, please feel free to call **NAME** at **PHONE NUMBER**.

Thank you again for your help in this matter.

Sincerely,

NAME

MESA Study Coordinator

NAME

Principal Investigator

Enclosures: Release Form and Return Envelope

E.2.6 MEREL (Medical examiner record release form, if needed)

MESA STUDY MEDICAL EXAMINER RECORD RELEASE FORM

Patient: **[participant name]**
 [participant street address]
 [participant city, state zip]

County: [county name]

I, **[contact/next of kin name]**, the closest relative of **[participant]**, who is deceased, give permission for the County Medical Examiner to release medical information to the **[institution]**, Multi-Ethnic Study of Atherosclerosis (MESA). This information will be used to statistical purposes only, and will remain strictly confidential.

Signature of Next of Kin

Date

E.2.7 MECOV (Cover letter to medical examiner (ME) to obtain ME/coroner reports)

[date]

**[medical examiner name]
[street address]
[city, state zip]**

Dear **[medical examiner name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States.

We are needing information on **[participant]**, who died on **[date of death]**, and whose death was listed as a Medical Examiner case. MESA requests a copy of the Medical Examiner's report. A consent form signed by his/her next of kin is enclosed.

This information will be used for statistical purposes only, and will remain strictly confidential. If you have any questions, please feel free to call **NAME**, our local Surveillance Supervisor, at **PHONE NUMBER**. Thank you very much in advance for your kind assistance and consideration of this request.

Sincerely,

NAME
Principal Investigator

Enclosure: Release Form

E.2.8 PQCERT (PQ cover letter to physician signing death certificate)

[date]

[physician name]
[street address]
[city, state zip]

Dear **[physician name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States.

We are needing information on **[participant]**, who died on **[date of death]**, and whose death certificate you signed on **[date]**. The information is needed to supplement the death certificate in assigning a cause of death. Could you or your nurse take a few moments to provide from your records the answers to the questions on the enclosed form?

This information will be used for statistical purposes only, and will remain strictly confidential. Of course, your participation is entirely voluntary, and, if you choose to not complete and return this form, it will in no way affect any relationship you may have with this institution. If you have any questions, please feel free to call me collect, at **PHONE NUMBER**, or our local Surveillance Supervisor, **NAME**, at **PHONE NUMBER**. Thank you very much in advance for your kind assistance and consideration of this request.

Sincerely,

NAME
Principal Investigator

Enclosure: Physician Questionnaire

E.2.9 PQATND (PQ cover letter to attending physician of decedent)

[date]

[physician name]
[street address]
[city, state zip]

Dear **[physician name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States.

We are needing information on **[participant]**, who died on **[date of death]**, and who, according to the family, was your patient. The information is needed to supplement the death certificate in assigning a cause of death. Could you or your nurse take a few moments to provide from your records the answers to the questions on the enclosed?

This information will be used for statistical purposes only, and will remain strictly confidential. Of course, your participation is entirely voluntary, and, if you choose to not complete and return this form, it will in no way affect any relationship you may have with this institution. If you have any questions, please feel free to call me collect, at **PHONE NUMBER**, or our local Surveillance Supervisor, **NAME**, at **PHONE NUMBER**. Thank you very much in advance for your kind assistance and consideration of this request.

Sincerely,

NAME
Principal Investigator

Enclosure: Physician Questionnaire

E.2.10 PQCLIN (PQ cover letter to medical clinic of decedent)

[date]

[doctor's office or clinic name]
[doctor's office or clinic street address]
[doctor's office or clinic city, state zip]

Dear **[physician name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States.

We are needing information on **[participant]**, who died on **[date of death]**, and who, according to the family, was a patient at **[doctor's office or clinic name]**. The information is needed to supplement the death certificate in assigning a cause of death. Could you or your nurse take a few moments to provide from your records the answers to the questions on the enclosed form?

This information will be used for statistical purposes only, and will remain strictly confidential. Of course, your participation is entirely voluntary, and, if you choose to not complete and return this form, it will in no way affect any relationship you may have with this institution. If you have any questions, please feel free to call me collect, at **PHONE NUMBER**, or our local Surveillance Supervisor, **NAME**, at **PHONE NUMBER**. Thank you very much in advance for your kind assistance and consideration of this request.

Sincerely,

NAME
Principal Investigator

Enclosure: Physician Questionnaire

E.2.11 INFLET (Letter to informant/next of kin, known telephone number)

[date]

[contact/next of kin name]

[street address]

[city, state zip]

Dear **[contact/next of kin name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States, to ask for your help.

Your name is listed on the death certificate of **[participant name]** who passed away on **[date of death]**. In a few days a member of my staff will be calling to explain further about the project and seek your permission to ask a few medical questions.

The information you provide will be used for statistical purposes only, and will remain strictly confidential. Of course, your participation is entirely voluntary, and, if you choose to not speak with us on this matter, it will in no way affect any relationship you may have with this institution.

Thank you very much in advance for your help in this important study.

Sincerely,

NAME

Principal Investigator

E.2.12 INFNONUM (Letter to informant/next of kin, unknown telephone number)

[date]

[contact/next of kin name]

[street address]

[city, state zip]

Dear **[contact/next of kin name]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States, to ask for your help.

Your name is listed on the death certificate of **[participant name]** who passed away on **[date of death]**. 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. Of course, your assistance in our research is entirely voluntary, and, if you choose to not provide your phone number and speak with us on this matter, it will in no way affect any relationship you may have with this institution

Thank you very much in advance for your help in the important study.

Sincerely,

NAME

Principal Investigator

Enclosure: Return Postcard

E.2.13 RETNUM (Reply postcard from informant/next of kin with telephone number)

POSTCARDS SHOULD BE RETURN-ADDRESSED TO LOCAL SURVEILLANCE CENTER AND STAMPED.

Dear **[name of Surveillance Supervisor]**:

I will be able to help with you with the Multi-Ethnic Study of Atherosclerosis (MESA).

_____ 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.

I will be calling your staff to set up a time and a place for the interview.

Sincerely,

[name of informant]

E.2.14 INFNEIGH (Letter to neighbor of decedent)

[date]

[neighbor name]

[street address]

[city, state zip]

Dear **[neighbor]**:

I am writing on behalf of the Multi-Ethnic Study of Atherosclerosis (MESA), an epidemiologic project of the **[institution]** along with five other centers in the United States, to ask for your help.

As you may know, **[participant name]** passed away on **[date of death]**. 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 about the circumstances surrounding **[participant name]**'s death. We have not been able to locate such a person and since you were **[participant name]**'s neighbor, we believe that you may be able to help us do so.

Could you take a few moments to fill out and mail the enclosed postcard?

The information we wish to obtain from the next-of-kin or other person who lived with **[participant name]** will be used for research purposes only, and will remain strictly confidential. Of course, your assistance in this matter is entirely voluntary, and, if you choose to not speak with us on this matter, it will in no way affect any relationship you may have with this institution

Thank you very much in advance for your help in this important study.

Sincerely,

NAME

Principal Investigator

Enclosure: Return Postcard

E.2.15 RETNEIGH (Reply postcard from neighbor of decedent)

POSTCARDS SHOULD BE RETURN-ADDRESSED TO LOCAL SURVEILLANCE CENTER AND STAMPED.

Dear **[name of Surveillance Supervisor]**:

The following individual(s) was (were) living with **[participant name]** 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 **[participant name]** at the time of his/her death.

Sincerely,

[name of neighbor]