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**Letter for HCHS/SOL Participant Event Ascertainment Collected from  
Person Physician by mail with accompanying PHQ form:**

Dear Dr. (*insert Physician name*) ,

A patient under your care, (*insert Participant name*), is a participant of the Hispanic Community Health Study/Study of Latinos funded by NHLBI of NIH. We have permission from (*insert Participant name*) to collect the information for that study related to their personal health. A copy of a signed medical information release form signed by (*insert Participant name*) is attached.

Based on our records (SUPPLY NAME of PARTICIPANT) *insert one* (DIED or WAS HOSPITALIZED) in (SUPPLY MONTH), 20\_\_\_. We are requesting information about the events surrounding his/her death/hospitalization because it may provide clues which will help in the fight against heart disease, stroke, diabetes, and respiratory disease.

Please complete the attached form and return it to our research center in the attached, addressed and stamped envelope. The questions concerning (NAME)'s illness and/or death. The form takes at most 30 minutes to complete using your office records. All responses are confidential and are compliant under federal guidelines with HIPPA regulations. If you have questions or would like to speak with someone at our HCHS/SOL research center the phone number is (INSERT PHONE NUMBER).

Thank you,

Institutional Investigator signature.