



DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

<<NAME>>
<<ADDRESS>>
<<CITY>>, <<STATE>> <<ZIP>>

<<DATE>>

Dear <<NAME>>,

Thank you for completing the "Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans" questionnaire. We appreciate that you took the time to complete this Department of Veterans Affairs (VA) survey in <<MONTH AND YEAR OF COMPLETION>>. In your survey, you wrote that you recently << visited a clinic or doctor / were hospitalized overnight or longer>> for <<REASON FOR VISIT>>. As part of this study, we would like to contact your health care provider to get a copy of the medical records that describe this visit.

We need your written consent to obtain the copies of medical records from your health care provider. Your consent is voluntary. If you decide to allow us to access these medical records, please fill out and sign the enclosed consent form and mail it back to us in the enclosed postage-paid envelope. By signing the consent form you are only agreeing to participate in this portion of the study. We will send your health care provider a copy of the form to show that you allowed the release of your relevant medical records. Please return the form by <<DATE 2 WEEKS AWAY>>. We are also enclosing a second consent form for you to keep for your records.

We hope you will allow us access to this information so that we may better understand the health conditions affecting Veterans. All of the information that we collect for this study will remain confidential. No identifying information will appear in any report of the study results. If you have any questions, you can call a study representative at 1-877-###-### between the hours of 8:00 am to 5:00 pm Eastern Standard Time, Monday through Friday.

Thank you again for your participation in this study.

Sincerely,

Steven S. Coughlin, Ph.D.
Principal Investigator
Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans
Department of Veterans Affairs