

**Sample – MD Alert Letter**

[DATE]

[PHYSICIAN NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

Dear Dr. [INSERT NAME]:

Your patient is participating in the LONG LIFE Family Study, an observational study of exceptional survival in families. As part of this research study several tests were performed on [Insert Date]. [Because of unanticipated and/or clinically significant findings, a copy of the results is attached for your review.]

[PI may insert narrative here, if needed.]

All tests were performed for research purposes only and will be used to describe the health status of men and women who are taking part in this study.

These tests are not intended to replace any tests that might be ordered for a specific clinical indication. Although we do not suggest specific diagnosis or treatment, we hope this information is useful to you and your patient. If you have any questions, please feel free to contact us at [Insert name, phone number of site-specific study clinical coordinator here].

Thank you for your support.

Sincerely,

[Insert site-specific PI Name Here]

Principal Investigator

LONG LIFE Family Study

## Sample – Participant Alert Letter

[DATE]

[PARTICIPANT'S NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

Dear [INSERT PARTICIPANT'S NAME]:

On [Insert Date] we performed a research interview and examination as part of your participation in the LONG LIFE Family Study, an observational study of exceptional survival in families. As part of this research study several tests were performed. [Enclosed are results from your visit.] As we discussed on the telephone, several of the results are unanticipated and/or of clinical importance. .

[PI may insert narrative here, if needed.]

All tests were performed for research purposes only and will be used to describe the health status of families who are taking part in this study.

These tests are not intended to replace any tests that your doctor may order for a specific reason, but do provide information about your health. Although we do not suggest specific diagnosis or treatment, we hope this information is useful to you and your physician. If you have any questions, please feel free to contact us at [Insert name, phone number of site-specific study clinical coordinator here].

Thank you for your support.

Sincerely,

[Insert site-specific PI Name Here]

Principal Investigator

LONG LIFE Family Study

## Sample – MD Alert Letter, Ultrasound

[DATE]

[PHYSICIAN NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

Dear Dr. [INSERT NAME]:

Your patient is participating in the LONG LIFE Family Study, an observational study of exceptional survival in families. As part of this research study an assessment of the prevalence of vascular disease using noninvasive measures to determine the degree of atherosclerosis and its associated risk factors was performed on [Insert Date]. [Because of unanticipated and/or clinical significant findings, a copy of the results is attached for your review.]

[PI may insert narrative here, if needed.]

We performed a carotid duplex scan on your patient which revealed evidence of atherosclerotic plaque(s) in the <left/right bulb/internal carotid artery/external carotid artery>. There is evidence of greater than \_\_\_\_% stenosis in the <left/right bulb/internal carotid artery/external carotid artery>. The ICA/CCA ratio is \_\_\_\_\_. These results should be interpreted within the context of your patient's overall health and cardiovascular risk factor profile.

The carotid duplex scan was performed for research purposes only and will be used to describe the health status of men and women who are taking part in this study. *This scan was limited in scope and did not include all the views and measurements usually made in a clinical vascular laboratory.* A standard noninvasive examination, performed in a clinical vascular laboratory, may be helpful in determining the clinical significance of this finding. Although clinical decisions cannot be made based upon the carotid duplex scan results, we hope this information is useful to you and your patient.

If you have any questions, or require any additional information, please do not hesitate to contact us [Insert name, phone number of site-specific study clinical coordinator here].

Thank you for your support.

Sincerely,

[Insert site-specific PI Name Here]

Principal Investigator

LONG LIFE Family Study

## Sample – Participant Alert Letter, Ultrasound

[DATE]

[PARTICIPANT'S NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

Dear [INSERT PARTICIPANT'S NAME]:

On [Insert Date] we performed a research interview and examination as part of your participation in the LONG LIFE Family Study, an observational study of exceptional survival in families. As part of this research study we performed a carotid duplex scan (ultrasound) to evaluate the degree of plaque build-up in the carotid arteries in your neck. [Enclosed are results from your visit.] Many people in the general population have some plaque in their arteries. As we have discussed with you over the phone, you do have a potentially clinically significant plaque(s) in the <left/right bulb/internal carotid artery/external carotid artery> and we have notified your designated physician(s) as well.

The carotid duplex scan is for research purposes only. *Therefore it is not the same as the carotid duplex scan used in a clinical vascular laboratory that your doctor might order.* A standard noninvasive examination, performed in a clinical vascular laboratory, may be helpful in determining the clinical significance of this finding. Although clinical decisions cannot be made based upon the carotid duplex scan results, we hope this information is useful to you and your physician.

[PI may insert narrative here, if needed.]

These tests are not intended to replace any tests that your doctor may order for a specific reason, but do provide information about your health. Although we do not suggest specific diagnosis or treatment, we hope this information is useful to you and your physician. If you have any questions, please feel free to contact us at [Insert name, phone number of sitespecific study clinical coordinator here].

Thank you for your support.

Sincerely,

[Insert site-specific PI Name Here]

Principal Investigator

LONG LIFE Family Study