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**Referring Healthcare Provider Instructions & Template**

Thank you for considering the Undiagnosed Diseases Network (UDN) research study. The purpose of this study is to bring together clinical and research experts from across the United States to solve the most challenging medical mysteries using advanced technologies.

Below you will find information about the responsibilities of a referring healthcare provider, details about application submission, and a referral letter template. Sample referral letters may also be found here: <https://undiagnosed.hms.harvard.edu/apply>.   
  
**Responsibilities of a Referring Healthcare Provider:**

* Write or obtain a referral letter detailing your patient’s medical history;
* Facilitate provision of medical records to the UDN;
* Interact with the UDN team throughout your patient’s involvement in the study; and
* Continue care for your patient prior to and after the UDN evaluation.

**Referral Letter:**

A referral letter from a primary licensed healthcare provider is necessary for patients to submit an application to the UDN. A template is provided below. To use the template, fill in the bolded sections with the applicable information (example: information from recent patient notes). The referral should be tailored as you see fit and your personal letterhead and signature should be included. On average, 2-4 page letters are sufficient.

**Application Submission:**

After the referral letter is complete:

1. Provide this letter to the patient and he or she can create an online application here: <https://gateway.undiagnosed.hms.harvard.edu>, OR
2. Create the online application on behalf of your patient. To do so, you will register at the above link as a licensed healthcare provider. The patient MUST still consent to the online disclosure statement in the application. The patient may: (1) agree electronically during an office visit, or (2) provide verbal agreement to each statement. (Best when an interpreter is needed or when a patient does not have Internet access.)

**Questions?**

Contact us at 1-844-RINGUDN (9:00A-5:00P EST) or write us at [UDN@hms.harvard.edu](mailto:UDN@hms.harvard.edu). If you are at or near one of our seven clinical sites, you may also contact the sites directly.

**Thank you!**

**[Insert Clinician Name] [Insert Date]**

**[Insert Clinician Address]**

**[Insert Clinician Phone]**

**[Insert Clinician Email]**

To Whom It May Concern:

Please accept this letter as referral of my patient, **[insert patient name],[insert patient DOB]** to the Undiagnosed Diseases Network. I have cared for this patient as a **[insert specialty]** at **[insert institution where you have provided care]** for **[insert time] [months/years]** and believe the patient to be an excellent candidate to the UDN. Below you will find a short summary of the patient’s condition, followed by relevant tests and procedures.   
  
**>>[Insert a 150-200 word summary of patient & their condition]<<**

**>>[Insert relevant patient summary/medical information, including date when symptoms first noticed, previous diagnoses, history of treatments and medications, current medications, family history, prenatal history (for pediatric patients only), birth history (for pediatric patients only)]<<  
  
>>[Insert relevant patient tests and procedures]<<**

**>>[Insert diagnostic impressions]<<**

In summary, I verify the patient’s condition is rare and undiagnosed, and feel the patient is an excellent candidate for the Undiagnosed Diseases Network. I am willing to participate as possible throughout the case, may it be through provision of medical records or provision of medical consultation. I agree to continue care for the patient both prior to and after evaluation by the UDN.

Should you have any further questions my preferred method of contact is **[Insert preferred contact information**].

Sincerely,

**[Insert Typed Name & sign above]  
[Insert Title/position]**