



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Centers for Disease Control and Prevention**

**Public Health Service**  
**Atlanta, GA 30341-3724**

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Date]

[Name]  
[Organization]  
[Address]  
[City, State, Zip]

Dear [Name],

We are requesting your participation in the Survey of Medical Examiners and Coroners, a national survey that is being conducted for the Centers for Disease Control and Prevention (CDC). This survey aims to (1) understand how medical examiners and coroners report sudden unexpected and unexplained infant deaths and (2) identify additional needs for resources and training. Data will be obtained by surveying Medical Examiners and Coroners who complete death certificates and determine the cause and manner of death for infant deaths.

A random sample of 800 Medical Examiners and Coroners in the U.S. are being asked to complete the survey. You were identified by your jurisdiction as a person who does or could certify infant deaths. We are asking you to complete the enclosed questionnaire, requiring approximately 30 minutes of your time. It is important that you report only for [Jurisdiction Name]. You can return the survey in the enclosed postage-paid return envelope. The CDC realizes that your time is extremely valuable and we have enclosed a \$40 honorarium in appreciation of your time and effort given to the study.

Your participation in the study is completely voluntary. Data collection will be managed by Battelle, Center for Analytics and Public Health, a national survey and research organization with extensive experience in collection of health data. Data will be aggregated; no individual jurisdiction information will be presented in any report. Your responses will be maintained in a secure manner and will not be disclosed unless required by law. To provide safeguards for your responses, we will keep the records under a code number rather than by name. Records will be stored in locked files to which only study staff will have access. Information linking you to the data you supply will be destroyed after data collection has been completed. Your name or any other personal identifiers will not appear when we present in oral or written presentation of study results.

If you have any questions regarding the study, please call Betsy Payn, M.A., Task Leader, Battelle, at 1-800-xxx-xxxx. If you have any questions regarding your rights as a study subject, please contact the Chair of the Battelle Institutional Review Board, at 1-877-810-9530, ext. 500.

Thank you in advance for your time and participation in this important research endeavor.

Sincerely,

Carrie K. Shapiro-Mendoza, PhD, MPH  
Senior Scientist, Division of Reproductive Health  
Division of Reproductive Health  
National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention

Kurt Nolte, MD  
National Association of Medical Examiners