

| ~~January 29, 2015~~ ~~November 5, 2013~~

Ms. «motherfirstname» «motherlastname»
«address1»
«address2»
«city», «state» «zip»

Dear Ms. «motherlastname»:

Recently, you completed a telephone interview for the Birth Defects Study To Evaluate Pregnancy exposureS (BD-STEPS). This study will help us learn about the causes of birth defects. Birth defects researchers across the country are working on this study in partnership with the Centers for Disease Control and Prevention.

We would like to access your <medical/dental> records as part of the study. Care providers will not release medical records without written approval. Therefore, we need you to complete the attached form before we can contact your <health/dental> care provider. Please send it back to us in the self-addressed stamped envelope we included.

These medical records provide detailed data that will help us explore specific causes of birth defects. Similar to the information you provided to us during the interview, your medical record information will be kept confidential and is protected under our certificate of confidentiality. If you wish to have more information or have any questions, please contact <Local PI contact name and local contact number>.

Thank you for sharing this information with our study.

Sincerely,

<Insert local PI name and local contact>

Enclosures