

Date

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

Dear Ms. «motherlastname»:

On behalf of the Birth Defects Study To Evaluate Pregnancy exposureS (BD-STEPS), we want to thank you for allowing us to interview you for our study. Your participation will help us learn more about possible causes of birth defects as well as why stillbirths happen. Your willingness to take part in this study has not only been very valuable to us but will also help other families in the future.

We have included a \$30 gift card and a \$20 gift card as a thank you for the time you set aside to take both parts of the interview.

<<[For SB w/ BD and all controls] You can continue to participate in BD-STEPS, which will help us better understand what causes birth defects and stillbirths.

To help us understand more about how infectious diseases before and during pregnancy may contribute to birth defects and other pregnancy problems, we are asking for your permission to request your infectious disease information that was already reported by your physician to the <INSERT State Health Department/Agency>. Please read the enclosed information called “Informed Consent for Release of Infectious Disease Results.” If you choose to participate, please sign the consent form and return it to us in the postage-paid envelope. A second copy of the consent form is enclosed for your records. After we receive the signed consent form, we will mail you a \$10 gift card as a token of appreciation for your time and interest.>>

<<[For singleton controls] We are also asking for your permission to request some of the leftover heel stick blood that was already collected shortly after your baby’s birth by the < Screening Program>. Please read the enclosed information called “Informed Consent for Release of Leftover Newborn Bloodspots.” If you choose to participate, please sign the consent form and return it to us in the postage-paid envelope. A second copy of the consent form is enclosed for your records. After we receive the signed consent form, we will mail you a \$10 gift card as a token of appreciation for your time and interest.>>

<<[For multiple controls] We are also asking for your permission to request some of the leftover heel stick blood that was already collected shortly after your babies’ birth by the < Screening Program>. Since your baby was part of a <twin/triplet/multiple> birth, we would also like to request some of the leftover newborn bloodspots from your baby’s <twin/triplet/multiple> live born sibling<>. Multiple births are especially informative for researchers who study genetics and birth defects. You can decide to share the leftover newborn bloodspots for <one/some> but not <both/all> of your <twins/triplets/multiples>.

Please read the enclosed information called “Informed Consent for Release of Leftover Newborn Bloodspots For Mothers of Multiples.” If you choose to participate, please sign the consent form and return it to us in the postage-paid envelope. A second copy of the consent form is enclosed for your records. After we receive the signed consent form, we will mail you a \$10 gift card as a token of appreciation for your time and interest.>>

To keep you and other participants informed, we publish an electronic newsletter that updates participants on the progress of the study. You can access this newsletter at [www.bdsteps.org](http://www.bdsteps.org).

If you have any questions, please contact one of our study staff at 1-888-743-7324 or you can contact me at **<Local PI/Study Coordinator contact name and local contact number>**.

Thank you for helping us to better understand and prevent stillbirths and birth defects.

Sincerely,

**<Insert local PI name and local contact>**

Enclosures