

DATE _____

RE: Medical Records Request for the San Diego SUDC Research Project

Dear Dr. _____, or To Whom it May Concern:

My name is _____.

I am the parent of a child named _____, who died suddenly and unexpectedly for reasons that remain unclear.

My child's date of birth was _____ and my child's date of death was _____.

The San Diego SUDC Research Project, based at Rady Children's Hospital—San Diego, has embarked upon an investigation of children between ages 1 and 16 years who have died suddenly and unexpectedly, and whose causes of death are unknown or equivocal. This study has been reviewed and approved by the University of California, San Diego—Human Research Protections Program. The CJ Foundation and First Candle/SIDS Alliance funded this research after their scientific review panels approved the proposal.

We respectfully request that our child's medical records be sent to SUDC Research Project Director Dr. Henry Krous at the following address:

Dr. Henry Krous, Director
The SUDC Research Project
Rady Children's Hospital—San Diego
3020 Children's Way, MC5007
San Diego, CA 92123

Grant funds are available to reimburse your institution for costs incurred for the duplication of the relevant materials. **Please fax any invoices to Research Associate Elisabeth Haas at 858/966-8087, or mail to her attention at the above address.**

If you have any questions or concerns, please contact Elisabeth Haas (ehaas@rchsd.org) at 858/576-1700 x5138, FAX: 858/966-8087. For more information about SUDC, please visit the SUDC Program website at www.sudc.org. The SUDC Research Project can be found under Research Opportunities.

Thank you very much for your assistance.

Sincerely,

Parent's signature

Parent's name (please print)

Parent's current address

Parent's current phone number

Parent's current e-mail address