

Dear Parents/Guardians:

The _____ Hearing Coordination Center had been in contact with you at the time your child was identified with a hearing loss through the California Newborn Hearing Screening Program. I am writing to let you know about a study that may give you valuable health information about your child.

About 4 out of 100 children with some types of hearing loss **may** have a heart problem that can cause sudden death. If this is found early, there are effective treatments that the doctors can do to prevent this. A simple test to measure heartbeats may be able to find this heart problem.

Dr. Chang and others at Harbor-UCLA are conducting a special study to see if this test and other information can find babies with this heart problem.

Your child can join in this study at no cost to you or your insurance, and you will be paid for your time.

If you would like your child to join in this study or if you want more information, please contact Dr. Chang. Phone: (310) 222-1796, email: rkchang@labiomed.org, visit www.infant-heart.com, or return the completed form below in the self-addressed stamped envelope.

Sincerely yours,

_____, Director

Hearing Coordination Center
Address

My Name _____

I want more information about Dr. Chang's study. Please call me

____ during the day ____ in the evening at number () _____ - _____