

Dear Parents,

DAISY has arranged for you to take **NAME** to The Children's Hospital Colorado Clinic, **LOCATION** on **DATE** for the DAISY visit blood draw. A study data collector will meet you there at **TIME**.

The Children's Hospital Colorado Clinic **LOCATION** is located at **OFFSITE ADDRESS**.  
If you have any questions about the location on the day of the visit, please call or text us at **(###)###-####**

Please apply the EMLA cream to **NAME**'s arms approximately 30-45 minutes before the blood draw. It is okay for the cream to sit for a little bit longer than 30-45 minutes.

**If you are unable to make this appointment, please call the DAISY line so that we can cancel this arrangement.**

Please call the DAISY line **(###)###-####** if you have any questions.

Thank you again for continuing to take part in the DAISY Study!

I will talk to you soon.

DAISY Study Team