

To Phlebotomy Facility Service-

We are contacting you to request your services to draw blood for a subject enrolled in "The Diabetes Autoimmunity Study in the Young", DAISY. The study is being conducted at the University of Colorado at Denver, Barbara Davis Center for Childhood Diabetes.

This is a National Institutes of Health funded study that has IRB approval through the Colorado Multiple Institutional Review Board (COMIRB #92-080). Your institution would be providing a service and as such are not engaged in research as defined by the Department of Health and Human Services. [This means that you do not need separate IRB approval to provide this service.]

We are requesting your services to perform a blood draw on our participant 2-4 times per year. The participant brings all the required materials (tubes, shipping containers) and instructions to a scheduled appointment. We ask that your staff review these documents so we can answer any questions prior to the participant's arrival to your facility.

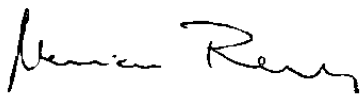
Please check one of the following payment options for this service:

- \$_____ for each blood draw
- The fee is waived for this service

By agreeing to perform this service, you understand that the DAISY study will pay your facility directly if the phlebotomy charge cannot be waived. If waiving the blood drawing charge is not possible, please forward an invoice to:

DAISY Study Administrator
Barbara Davis Center for Childhood Diabetes
1775 Aurora Court F527
Aurora, CO 80045

Please do not request payment or attempt to collect insurance information from the participant.



Marian Rewers, MD, PhD
TEDDY Principal Investigator



Alison Lakin, RN, LL.B, LL.M, PhD
Director, COMIRB

Signature of Phlebotomy Facility

Printed Name

Date