

# Medical Record Release Form

Thank you very much for your consent to participate in the Link My Heart - Brugada Project.

To proceed with our study, we are asking you for:

1. Your contact information, including your current mailing address, so that we can send you a saliva kit.
  2. Your signature for medical release so that we may obtain copies of your medical records, store, and use them for this study. We will need the name and contact information for the physician(s) who has/have cared for you throughout your experiences with Brugada syndrome.
  3. Participants with questions about this form may contact a member of the study staff at (617) 714-7560 Monday - Friday 9 a.m. - 5 p.m. or email at [info@linkmyheart.org](mailto:info@linkmyheart.org)
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