

**Thank you very much for your consent to participate in this research study. To complete the process, we will need to collect some additional information from you below:**

**To proceed with this study, we need to collect information about:**

- 1. Your contact information, including your current mailing address, so that we can send you a saliva kit**
- 2. The name and contact information for the physician(s) who has/have cared for you throughout your experiences with angiosarcoma, so we can obtain copies of your medical records**
- 3. The names of the hospitals / institutions where you've had biopsies and surgeries, so we can obtain some of your stored tumor samples**

**Printed below is the information you have provided to us:**

**YOUR CONTACT INFORMATION:**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_