

Thank you for giving us your consent for research, which will allow us to study a sample of your blood. To proceed with our study, we have asked you for information about:

1. Your full name
2. The name and contact information for the physician(s) who has/have cared for you throughout your experiences with breast cancer, so we can obtain copies of your medical records

Printed below is the information you have provided to us:

YOUR CONTACT INFORMATION:

Full Name: _____