



Medical Release Form – Parent or Guardian (Leiomyosarcoma Project)

Thank you for your consent to have your child participate in this research study.

To complete the process and proceed with this study, we will need to collect some additional information from you below about the following:

- The name(s) and information for the physician(s) who has/have cared for your child throughout their experiences with cancer.
- The names of the hospitals / institutions where your child has received treatment or has had procedures performed (e.g. biopsies and/or surgeries).

We may use this information to obtain copies of your child's medical records, and if you had elected on the informed consent, we may also obtain some of your child's stored tumor samples.

Below, please share all of the places where your child has received care for their cancer, including:

- Institutions where your child has **received treatment**
- Institutions where your child had **procedures** (e.g. biopsies and/or surgeries) **or imaging** (e.g. MRI scans, X-rays, CAT/CT scans, PET/SPECT scans, and/or ultrasounds) performed.