

# Medical Release Form (Osteosarcoma Project)

Thank you for your consent to 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 you throughout your experiences with cancer
- The names of the hospitals / institutions where you have received treatment or have had procedures performed (e.g. biopsies and/or surgeries)

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

**Below, please share all of the places where you have received care for your cancer(s), including:**

- Institutions where you have **received treatment**
- Institutions where you have 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

**Physician Name (if applicable):**

**Hospital/Institution (if any):**

**City:**

**State:**

**Country:**

[BUTTON] Add another hospital/institution

By completing this information, you are agreeing to allow us to contact these physician(s) and hospital(s) / institution(s) to obtain your records.



**BROAD**  
INSTITUTE



**Dana-Farber**  
Cancer Institute



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Me  
In

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I have already read and signed the informed consent document for this study, which describes the use of my personal health information (Section O: Authorization to use your health information for research purposes), and hereby grant permission to Nikhil Wagle, MD, Dana-Farber Cancer Institute, 450 Brookline Ave, Boston, MA, 02215, or a member of the study team to examine copies of my medical records pertaining to my cancer diagnosis and treatment, and, if I elected on the informed consent document, to obtain tumor samples and/or blood samples for research studies. I acknowledge that a copy of this completed form will be accessible via my project account.

Full Name \_\_\_\_\_

Date \_\_\_\_\_