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ASCP Project, Cancer Program  
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# Fax

**To:**

**Fax:**

From: Nikhil Wagle, MD

Phone Number: 617-714-8510

Fax Number: 617-395-2631

Number of Pages Including Cover Page: #

Date:

**NOTES:** The following materials are enclosed for a patient enrolled on DFCI Protocol 15-057, and we are requesting the patient's medical records as part of the study procedure. The following items are enclosed as part of our request.

1. Medical Record Request Letter (i.e., outline of requested materials)
2. Electronically-signed patient consent form
3. Electronically-signed Medical Record Release Form
4. Latest IRB approval memo

**IMPORTANT:** Please note that consent & release forms **DO NOT EXPIRE**. Participants sign consent and complete the medical record release form only once when they are enrolled. Participants are never re-consented for this minimal risk study and consent forms remain valid with annual study renewal per IRB approval (included). Please call Rachel Stoddard, the study's Clinical Research Coordinator, at 617-714-8510 if you have questions.

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### Confidential

The documents accompanying this fax transmission may contain confidential patient information belonging to the sender that is legally privileged. This authorized recipient of this information is prohibited from disclosing this information to any other party. If you have received this transmission in error, please notify the sender immediately. Thank you.

Dear

I am writing to request the medical records for the following patient:

- Patient Name:
- DOB:
- Diagnosis Date:

We are reviewing this patient's medical records as part of their participation in *The Angiosarcoma Project* at Dana-Farber Cancer Institute and the Broad Institute of MIT and Harvard. We will collect medical record data on an as needed basis from participants' physicians.

We are requesting the following documents from the patients' medical record:

- All clinic notes from treating providers, including medical oncologists, residents, fellows, radiation oncologists, surgeons, nurse practitioners, etc. **from the date of diagnosis through present day**.
- Angiosarcoma treatment data (including radiation, chemotherapy and hormonal therapy).
- Pathology reports
- Operative reports
- Referrals
- MD to MD exchange
- Genetic testing reports

Please find the patients' electronically-signed and dated Research Consent Form, as well as the Patient Release of Medical Records form also electronically-signed by the patient, accompanying this letter.

**Please fax the documents to the attention of Nikhil Wagle at 617-395-2631, email them to [ascmedrequests@broadinstitute.org](mailto:ascmedrequests@broadinstitute.org) OR mail them to:**

**Nikhil Wagle, MD  
Broad Institute  
ASCProject, Cancer Program  
415 Main Street, Room 4041  
Cambridge, MA 02142**

If you have any questions, please feel free to contact Clinical Research Coordinator Rachel Stoddard at 617-714-8510.

Thank you very much for your help with our study!

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