415 Main Street
Cambridge, MA 02142
T 617-714-7000
www.joincountmein.org

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

I have already read and signed the informed consent document for this study, which describes the use of my child's personal health information (Section O Authoriation to use your child's health information for research purposes), and hereby grant permission to Diane Diehl, PhD, Count Me In, 415 Main Street, 105B, Cambridge, MA 02142, or a member of the study team to examine copies of my child's medical records pertaining to my child's cancer diagnosis and treatment, and, if I elected on the informed consent document, to obtain my child's cancer 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 (mm/dd/yyyy):