

Medical Release Form

Sponsor / Study Title: Dono Vivo, LLC. / “Prospective study aimed at obtaining diseased state human biological specimens for use by researchers in laboratory studies assisting in the development of diagnostic testing and future therapeutics.”

Principal Investigator: Chad Link, D.O.
(Study Doctor)

Telephone: (888) 694-4380 (24 Hours)

Address: Dono Vivo, LLC
 46430 Peary Court
 Novi, MI 48377

By signing this form, I authorize you to release confidential health information about me by releasing a copy of my medical records to the entity listed below. These records should include complete records including but not limited to operative, treatment/medication, pathology and radiology.

Dono Vivo, LLC
 46430 Peary Court
 Novi, MI 48377
 Attention: Data Management & Compliance
 Secure mailbox: Donovivo@donovivo.com

This release is to allow my longitudinal data to be matched with my donated sample for ongoing research.

Medical Facility to be contacted: _____

Primary Physician: _____

Phone number: _____

Email: _____

Signatures:

Patient Name	Patient Signature	Date
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Patient Date of Birth	<i>Patient Guardian Signature (if applicable)</i>	<i>Date</i>
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