## AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION

TO:

## APPROVED

NOV 2 8 2000

Human Subjects Committe

I hereby authorize you to furnish a photocopy of	f the medical record of:
Includy administratory of the state of the s	
Patient Name	Date of Birth
to the Eleanor L. Hunter Tumor Registry Peritoneum, a private registry located at the University Campus, 55 Lake Avenue North, We	he UMASS Memorial Medical Center-
Purpose of release: review of medical recorpapillary serous carcinoma of the peritoneum for	rds that pertain to diagnosis/treatment of or Registry inclusion.
Items to be released:	
Discharge SummarySurgical R	eportsConsultations
Pathology ReportsLaboratory	y ReportsOutpatient treatments
Pathology Slides	
Other	
This authorization does not include medical in the patient's medical record such as HIV (A especially provided by law.	nformation that may or may not be part of IDS), psychiatry records and other records
I understand that this written statement ex authorization, unless expressly revoked earlier	spires ninety (90) days from the date of r.
Signature of Patient	Date