Epidiolex Observational Pregnancy Surveillance Program
Medical Release of Information
Protocol GWEP21095
OBSERVATIONAL PREGNANCY SURVEILLANCE PROGRAM OF PATIENTS EXPOSED TO EPIDIOLEX (EPIDYOLEX) DURING PREGNANCY TO ASSESS THE RISK OF PREGNANCY AND MATERNAL COMPLICATIONS AND OTHER EVENTS OF INTEREST ON THE DEVELOPING FETUS, NEONATE, AND INFANT

Study Sponsor: Jazz Pharmaceuticals Research UK Limited

EPIDIOLEX Pregnancy Surveillance Program Coordinating Center
933 Canyon Road
Morgantown, WV 26508
Phone: (855) 272-7158

Medical Release of Information/Request for Medical Records

I, _____, give my permission for the
Please print name

release of information regarding my pregnancy and its outcome (including monitoring my baby for up to 12 months of age) to the EPIDIOLEX Pregnancy Surveillance Program.

EPIDIOLEX Pregnancy Surveillance Program Coordinating Center
United BioSource, LLC
933 Canyon Road
Morgantown, WV 26508

You have the right to review your medical information prior to its release and you have the right to refuse to sign this authorization to prevent its release. Your health care provider(s) receiving your information will ensure that the information is maintained in a confidential manner. Your health care (or payment for care) will not be affected by whether you sign this authorization.

_____ _____
Patient Signature Date

Address: _____

_____

Telephone: _____

DOB: _____

Signature of Parent/Legal Guardian: _____ Date:_____