

CHRONIC VENOUS THROMBOSIS: RELIEF WITH ADJUNCTIVE CATHETER-DIRECTED THERAPY

(THE C-TRACT TRIAL)

MEDICAL BILLING RELEASE (MBR) FORM

Site ID: _____ Subject ID: _____ Subject Initials: _____

1. Patient's Name: FIRST M LAST

2. Patient's Date of Birth: MM DD YYYY

3. Patient's Social Security Number: _____ - _____ - _____

The C-TRACT Trial will gather data in order to assess the medical care costs of endovascular therapy for treatment of post-thrombotic syndrome. By signing this form, I authorize the Mid America Heart Institute (MAHI), as the Economic Core Lab for the C-TRACT trial, to use the above information (Patient's Name, Date of Birth and Social Security Number) to collect medical bills from the patient accounting department at any hospital I am admitted to during my time in the C-TRACT trial.

I understand that this information will be kept strictly confidential and be used solely to assess the reasonable medical costs that occur as a direct result of participating in this study. The information will not be disclosed to any outside party. Hospital bills collected pursuant to this Authorization will be de-identified by MAHI, stored securely, and destroyed 5 years following completion of the study.

I understand that I have the right to (1) refuse to sign this document, (2) withdraw this Authorization at any time by giving written notice to the address listed at the bottom of this form, with the knowledge that this action will not affect any information collected before the notice of withdrawal, and (3) receive a copy of this Authorization.

4. This form expires on (5 years from date signed): MM DD YYYY

5. This billing information may be collected on inpatient visits occurring: From (study enrollment date): MM DD YYYY To (2 years from enrollment date): MM DD YYYY

6. Patient/Proxy Signature: _____ Date: MM DD YYYY

7. Signature of Research Coordinator: _____

Research Coordinator: Please email to the economic core lab contact below. Please give one copy of this consent to the patient and keep the original signed document in your records.