



**MEDICAL INFORMATION RELEASE FORM
FOR PARTICIPANT**



**I HEREBY GIVE THE REAL WORLD COORDINATING CENTER PERMISSION TO
CONTACT AND PROVIDE REASONS FOR CALLING, AS NECESSARY, TO MY
ALTERNATE CONTACT LISTED BELOW:**

Teva Migraine Pregnancy Registry

Real World Coordinating Center

Syneos Health™

Phone Number: 1-833-927-2605

Fax Number: 800-800-1052

Email: TevaMigrainePregnancyRegistry@syneoshealth.com

Alternate Contact NOT Residing with the Participant:

Name of Alternate Contact:

Address:

Telephone Number:

Email Address:

Comments:

Participant Information for Participant ID# :

Name of Participant:

Date of Birth (dd-Mmm-yyyy):

Address:

Telephone Number:

Email Address:

Medical Information Release Form - Alternate Contact

Study Name: Teva Migraine Pregnancy Registry, Protocol Number TV48125-MH-50037

Study Specific Version: 2.0_17Aug2023

Document ID: **5014.W04D.00**, Effective Date 29-Jun-2023

Filing requirement: Participant case file



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- ☐ Verbal Consent given by Participant to Real World Coordinating Center Associate by telephone on (dd-Mmm-yyyy)

Signature of Real World Coordinating Center Associate obtaining verbal consent

Date

Signature of Participant (if consent not provided verbally)

Date

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