

Vyepti® Pregnancy Registry
Medical Release of Information
Protocol # 19419N
A Pregnancy Surveillance Program of Women and Infants
Exposed to Vyepti® During Pregnancy
Study Sponsor: H. Lundbeck A/S

Vyepti® Pregnancy Registry
933 Canyon Road
Morgantown, WV 26508
Phone: 855-810-8549
FAX: 877-839-7920

Medical Release of Information/Request for Medical Records

I, _____, give my permission for the

Please print name

release of medical information regarding my pregnancy and its outcome, including monitoring the growth and development of my baby through the first 12 months of age, to the Vyepti® Pregnancy Registry. H. Lundbeck A/S, the study sponsor, has contracted and is working with United BioSource (UBC) to conduct this research study.

You have the right to review your and your baby's 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) and UBC will ensure the information is maintained in a confidential manner. Your and your baby's health care or payment for care will not be affected by whether you sign this authorization, however, you will not be included in the study if you do not sign.

Date

Patient Signature

Address: _____

Telephone: _____

Secondary Phone: _____

DOB: _____