

	<b>MEDICAL INFORMATION RELEASE FORM FOR PARTICIPANT</b>	
---	---	---

IRB Approved at the  
Protocol Level  
Nov 08, 2023

**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](mailto: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



**MEDICAL INFORMATION RELEASE FORM  
FOR PARTICIPANT**



- ☐ 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

**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