



I, \_\_\_\_\_, custodian of the following research records for the study \_\_\_\_\_ IRB Number \_\_\_\_\_, hereby certify that the \_\_\_\_\_ pages of attached records are true and authentic copies of the medical records prepared in the usual course of business at University Hospitals, and that they were prepared by the employees of this institution on the dates endorsed herein.

\_\_\_\_\_  
Principal Investigator or Designee

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

20\_\_\_\_\_. \_\_\_\_\_  
Witness

The enclosed information is **STRICTLY CONFIDENTIAL** and is intended for the use of the addressee **ONLY**. University Hospitals Cleveland Medical Center disclaims any responsibility for the unauthorized disclosure of this information to individuals or parties **OTHER** than the addressee.