



Alpha 1 Canadian Registry

399 Bathurst Street, 7E Rm 445

Toronto, ON M5T 2S8

Phone: 1-800-352-8186 Fax: 416-603-5020 E-mail: alpha1canadianregistry@gmail.com

Your participation in the Alpha-1 Canadian Registry is voluntary, which means you can withdraw from the registry at any time. Please indicate your decision below:

- Yes, I would like to continue in the registry
- No, I would like to withdraw from the registry

Name (print) _____ Signature _____ Date _____

Only complete the release of medical information if you will continue in the registry

RELEASE OF MEDICAL INFORMATION

Respirologist: _____

Family Dr: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

This is a request for information for Patients Full Name: _____

Date of Birth (dd/mmm/yy): __/__/__ Phone: _____ Email: _____

Address: _____

Request for: Demographics / Medical History / Blood test results / Pulmonary Function Tests

I authorize the release of the above information to:

Alpha-1 Canadian Registry Data Management Centre

UHN-Toronto Western Hospital 399 Bathurst St.

East Wing 7th Floor, Room 445

Toronto, Ontario M5T 2S8 Fax: 416-603-5020

Patient Signature: _____ Date: _____ Witness Signature: _____

Upon completion, you can mail or fax this form to the registry address above