Authorization to Release Tissue Block to Third Party

Patient Name: _____ MRN: _____

This AUTHORIZATION TO RELEASE TISSUE BLOCK TO THIRD PARTY is made effective as of the date of signature below, and is hereby entered into by and between the Patient listed below ("Patient") and Forefront Dermatology, S.C., a Wisconsin service corporation, for the benefit of itself and its affiliates, including, without limitation, Forefront Management, LLC (collectively, "Forefront"):

WHEREAS, Patient engaged Forefront for pathology services;

WHEREAS, Patient has decided to participate in a clinical trial with a third party for which Patient has requested Forefront provide a tissue block;

WHEREAS, Patient requests Forefront release Patient's tissue block to the third party;

NOW, THEREFORE, Forefront and Patient, in consideration of the foregoing and the promises and releases set forth herein, agree as follows: Forefront agrees to arrange for the transfer of Patient's tissue block to the third party identified by Patient. In consideration therefore, Patient hereby releases Forefront, and its respective affiliates, owners, officers, directors, and employees, from all liability and claims arising out of the transfer of the tissue block to the third party or arising out of the future use of the tissue block by the third party. As further consideration, Forefront and Patient hereby represent, warrant, and agree:

1. **Forefront will comply with Patient's request to release their tissue block to a third party;**

2. **Patient acknowledges their tissue block may not be available from Forefront for future testing upon subsequent request by Patient. Patient agrees he/she will not pursue any legal action against Forefront arising out of the transferred tissue block (including any loss or damage occurring in transit), and, to the extent permitted by applicable law, hereby waives any claim against Forefront arising out of Forefront's tissue block retention obligations; and**

3. **I hereby release Forefront from all obligations and/or claims arising out of the clinical trial for which I am requesting my tissue block, including, but not limited to IRB approval, informed consent, and intellectual property.**

With my signature below, I certify that I am 18 years of age (19 in Alabama) or I am the parent/legal guardian of the minor or incapacitated patient).

PATIENT OR, IF APPLICABLE, PARENT / LEGAL GUARDIAN* APPROVAL (sign below)

_____

Name (print) Signature Date