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.