

# SUDCRRC

*SUDC Registry and Research Collaborative*

**Mail Records To:**

Laura Gould  
SUDCRRC  
NYU Comprehensive Epilepsy Center  
223 East 34th Street  
Ground Floor  
New York, NY 10016

**Or Email To:**

[Laura.gould@nyulangone.org](mailto:Laura.gould@nyulangone.org)

Medical Records Collection: Please provide contact information for each medical provider/facility that provided care for your child. Start with Mom's prenatal care during pregnancy with SUDC child, then birth facility, pediatric care, specialist care, urgent care/Emergency Department/Hospitalizations, Medical Examiner/Coroner, and any other sources of medical records for the SUDC child..

1<sup>st</sup> Doctor's Name \_\_\_\_\_

Doctor's Specialty \_\_\_\_\_

Office or Hospital Name \_\_\_\_\_

Office/Hospital Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Check One:

I can collect and send them to SUDCRRC

I would like SUDCRRC to request these records

2<sup>nd</sup> Doctor's Name \_\_\_\_\_

Doctor's Specialty \_\_\_\_\_

Office or Hospital Name \_\_\_\_\_

Office/Hospital Mailing  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

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**Medical Records Collection: Obstetrician, Pediatrician, Physician and Medical Examiner/Coroner**

3<sup>rd</sup> Doctor's Name

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Doctor's Specialty

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Office or Hospital Name

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Address

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Phone Number

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4<sup>th</sup> Doctor's Name

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Doctor's Specialty

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5<sup>th</sup> Doctor's Name

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Doctor's Specialty

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Office or Hospital Name

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Address

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6<sup>th</sup> Doctor's Name

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Doctor's Specialty

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Office or Hospital Name

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Office/Hospital Mailing  
Address

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Phone Number

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(Print additional pages of this document as necessary)