

TRIAL PARTICIPATION AGREEMENT

As a research trial participant at Quintiles Overland Park, I fully understand that participating in trials at two or more facilities within 30 days of each other may pose a serious health risk to me and, therefore, is not allowed.

By signing this release of information form, I am authorizing Quintiles to verify my participation history with other businesses that conduct clinical research trials. I understand that I am not authorizing the release of medical history information, only participation information.

I have not taken any investigational products for 30 days before this trial and I agree not to participate in more than one study at a time. Study participation includes all study visits and procedures required by the study or the research center. Additionally, I agree that under no circumstances will I dose with two investigational products within 30 days of each other.

Subject's Printed Name

Date

Subject's Signature

Date

APPROVED

MAR 29 2011

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