

Informed consent statement: The patient involved in this study gave her written informed consent authorizing use and disclosure of her protected health information.

Name: Kanaan Mansoor

Signature: Kanaan Mansoor Date: 3/24/2017

Name: Zeid Khitan

Signature: _____ Date: 3/24/2017

Name: Ashley Zawodniak

Signature: Ashley Zawodniak Date: 3/24/2017

Name:

Signature: _____ Date: _____

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Name: Kanaan Mansoor

Signature: Kanaan Mansoor Date: 3/24/2017

Name: Zeid Khitan

Signature: [Signature] Date: 3/24/2017

Name: Tibor Nadeedy

Signature: [Signature] Date: 3-24-17

Name:

Signature: _____ Date: _____