MARS Surgeon Agreement Letter

I, ________________________________________, have voluntarily completed all the requirements to enroll patients in the MARS AOSSM study as outlined in the MARS Study Packet and Manual of Operations dated 02/16/07. In addition, I have focused my attention to specific MARS MOP sections (D, E, I, L, O, Q, and R) and will comply with these instructions. Further, if I choose to use allograft tissue for revision ACLR, I understand such tissue can ONLY be BTB, tibialis anterior, or Achilles tendon ordered from the Musculoskeletal Transplant Foundation (MTF). All allograft labels must be attached to the Vendor/Implant page in the Surgeon Form. Failure to comply with ANY procedures and requirements as outlined may jeopardize the scientific integrity of this multicenter cohort and may result in termination of my participation and exclusion of my revision ACLR patient data from the study.

_______________________________________
Signature of surgeon

Date: __________________________________

Please sign, date, and copy. Keep copy for your records and return original to:

Laura J. Huston  
Vanderbilt Orthopaedic Institute  
Medical Center East, South Tower, Suite 4200  
Nashville, TN 37232-8774

02/16/07 MARS