



Award for Collegiate Education Scholarship

Diagnosis Verification Form

Instructions for the ACES applicant: Please complete Part 1 below, and then ask your treating physician to complete Part 2. You must include this completed and signed form when you submit your ACES application materials. For more information about the Shire ACES Scholarship Program, please visit www.ShireACES.com.

PART 1 (to be completed by ACES applicant)

Name of applicant (please print) _____

I give permission to Dr. _____ to complete Part 2 of this Diagnosis Verification Form. I also give permission to Shire to contact this physician to verify my diagnosis stated in Part 2 below.

Applicant signature _____

I also give permission to Shire or an agent working on Shire's behalf to contact this physician to verify the applicant's diagnosis.

Parent/guardian signature (if applicant is <18 years of age) _____

Date (month, date, year) _____

PART 2 (to be completed by treating physician)

Name of treating physician _____

Street address _____

City _____ State _____ ZIP code _____

Phone number _____ NPI number* _____

My patient, named as the applicant in Part 1 above, has the following rare disease diagnosis: Name of rare disease _____

Physician signature _____

Date (month, date, year) _____

**The NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

