Patient Consent Form

The following information must be provided for this form to be processed accurately.

File no.:

Title:

Author(s): Andrew Wilson, Thomas L. Begg, O. N. Pan

Patients have the right to refuse to sign this consent form; refusal to sign this form will not affect their care in any way.

I hereby give my consent for images and/or other clinical information relating to my case to be reported in the Canadian Medical Association Journal (CMAJ).

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in CMAJ, on CMAJ's website and in products derived from CMAJ. As a result, I understand that the material may be seen by the general public.

I understand that the material may be included in medical books published by the Canadian Medical Association.

Name of the patient: Hussein H. Hamed

Date of birth: May 27, 1964

Signature of patient (or signature of the person giving consent on behalf of the patient): H. H. Hamed

Date: Apr. 30, 2014

If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

Why is the patient not able to give consent? (e.g., is the patient a minor, incapacitated, or deceased?)

If images of the patient’s face or distinctive body markings are to be published, the following section should be signed in addition to the first section:

I give permission for images of my face or distinctive body markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Signature of patient (or signature of the person giving consent on behalf of the patient):

Date: Not applicable