5. PATIENT CONSENT FOR PUBLICATION

Proposed Title: *Appended mucocle: an uncommon answer to Common symptoms*

Authors (student and preceptor): William AD, Perry TL, Porter OW

Patients: please note that you have the right to refuse to sign this consent form; refusal to sign this form will not affect your care in any way.

I hereby give my consent for images or other clinical information relating to my case to be reported in the University of British Columbia Medical Journal (UBCMJ). I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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 print in the UBCMJ, and will be available on UBCMJ’s public web site. As a result, I understand that the material may be seen by the general public.

Hosseinali Hashmou _[Signature]_ October 20, 2014

Name of patient Signature of patient or proxy Date

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.)

Physician—see signed consent to CMAJ form.

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

He is now in Iran—can be reached by email if required.

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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

Name of patient Signature of patient or proxy Date