5. **PATIENT CONSENT FOR PUBLICATION**

Proposed Title: _A case report of multiple ruptures in a single patient_

Authors (student and preceptor): Kristin DeGriolamo, Stephen Chung

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 I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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

Conrad Gonzales

Name of patient

[Signature of patient or proxy]

Date: Aug 35, 2010

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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.

[not applicable]

Name of patient

Signature of patient or proxy

Date