5. PATIENT CONSENT FOR PUBLICATION

Proposed Title: Juxtaclonal Germ Cell Neoplasia: A Pediatric Case Report

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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 I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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 website. As a result, I understand that the material may be seen by the general public.

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.)

I am the mother. The child is under 18.

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

Minor

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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.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