



# UBC Medical Journal

By Students, For the World

2750 Heather Street, Vancouver BC V6Z 4M2 | TEL 604.875.5522 | FAX 604.875.5528 | www.ubcmj.com

## 5. PATIENT CONSENT FOR PUBLICATION

Proposed Title: A case report of multiple ruptures in a single patient

Authors (student and preceptor): Kristin DeGirolamo, 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 I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.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.

Candace Gonzales  
Name of patient

Candace Gonzales  
Signature of patient or proxy

August 25, 2010  
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.)

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markings to be published and recognize that I might therefore be identifiable even though my name and initials will not be published.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

