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| Case Report Title:  |
| Name of Principal Investigator:  |
| Name and Address of Institution:  |
| Tel. No. & Email address: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**FULL NAME**) hereby give permission to use the following materials:1. Clinical data □
2. Photographs without my identity $□$
3. Audio recordings □
4. Video recordings without my identity □
5. Other materials □

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Parent/Legal guardian, please state relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_It was explained to me that;1. The materials used have been shown to me for educational and publication purposes only.
2. The personal identifiable information will be anonymized.
3. I will not receive any financial benefit from publication.
4. No withdrawal of consent and materials after publication.
5. The publication is freely available to the public.

By signing, I fully understand that the study has been explained to me: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:Name and Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |
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