

Informed Consent Form

I hereby certify that I am voluntarily and according to my own wishes participating in the Y-90 SIRT therapy for treatment of the metastatic liver lesions. I further consent to the release of my medical records for publication of a case report.

By signing this form, I confirm that:

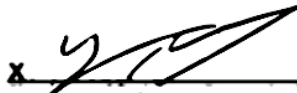
- The case report has been fully explained to me and all of my questions have been answered to my satisfaction
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report
- I have been informed that I do not have to participate in this case report
- I authorize access to my personal health information (medical record)
- I have agreed to participate in this case report and give consent for its publication

x 

Signature of Participant

8/24/2015

Date

x 

Signature of Principal Investigator

8/24/2015

Date