

Case Report: Title: Emphysematous pancreatitis associated with penetrating duodenal ulcer

Principal Investigator: Claudio Tana, MD, Interna Medicine and Subacute Care Unit, Medicine-Geriatric Rehabilitation Department, University-Hospital of Parma, Parma, Italy

You are being asked to consider allowing Dr. Claudio Tana to use information about your case record and available ancillary exams to write a case report.

Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful to other physicians and members of a health care team. A case report may be published for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have. The purpose of this case report is to give more information regarding acute pancreatitis and complications of peptic ulcers such as penetration. Early recognition is important because an optimal management can save lives. Your information being used for this case report includes details of your clinical condition. Dr. Claudio Tana is obligated to protect your privacy and not disclose your personal information (information that identifies you as individual e.g. Name, date of birth, medical record number). When this case report is published or presented, your identity will not be disclosed. You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future. Allowing your information to be used in this case report will not involve any additional costs for you. You will not receive any compensation. Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive. You will be told about any new information relating to this case report that may affect you. Your signature below means that you have read the above information about this case report and have a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

SUBJECT CONSENT TO PARTICIPATE

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By signing this form, I confirm that:

This 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 risk and benefits, if any, of allowing my information to be used in this case report

I have read each page of this form

I authorized Dr. Tana to access to my personal health information (medical record) as explained in this form

I have agreed to participate in this case report

16/10/2017

Signature

El Nahdi El ASSADU

