

AUTHORIZATION FOR PUBLICATION OF CASE STUDY

I [REDACTED] give Prof. Yong-Song Guan and his team at Department of Oncology, West China Hospital of Sichuan University permission to publish, reproduce and distribute the attached Case Study. I'm aware that the Case Study does NOT mention my name or address, but it does reflect my medical care, gender, age and medical history.

I have been told that the authors currently plan to submit the Case Study for publication in a medical journal, for educational purposes.

I will not be paid in any manner for use of the Case Study, as described above. I will not receive any royalties or other compensation in connection with any such publication or use.

I am not required to sign this form, and I may refuse to do so. My medical treatment and payment for healthcare will not be affected by whether or not I sign this document.

I may withdraw this authorization for any future sharing at any time by notifying my attending physician in writing, but my withdraw will not affect information that has already been shared or published. This authorization has no expiration date.

Patient's name: [REDACTED]

Patient's address: [REDACTED]

Patient's signature: [REDACTED]

Date: Feb. 22, 2018

Reviewed by Prof. Yong-Song Guan

Signature: [Handwritten Signature]

Date: Feb. 22, 2018

14:00