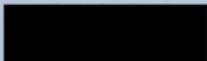


By signing this form, I confirm that;

- The case report has been fully explained to me and all 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 been informed that I do not have to participate in this case report
- I have read each page of this form
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report



Name of participant



Signature

28/02/2018

Date