

I [REDACTED] give Dr. Mohammad Abudalou and his team at St. Elizabeth Medical Center, permission to publish, reproduce, and distribute, the attached case study, regarding Solid pseudopapillary neoplasm. I am 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.

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

**Patient Name:** [REDACTED]

**Patient address:** [REDACTED]

**Patient signature:** [REDACTED]      **Date**

**Reviewed by Mohammad Abudalou**  
**Signature**  
**Date 9/24/2020      time: 9:00am**

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**Patient Name:** [REDACTED]

**Patient address:** [REDACTED]

**Patient signature:** [REDACTED] **Date**

**Reviewed by Mohammad Abudalou**

**Signature**

**Date: 8/13/2020. time: 12:00am**

I [REDACTED] give Dr. Mohammad Abudalou and his team at St. Elizabeth Medical Center, permission to publish, reproduce, and distribute, the attached case study, regarding Solid pseudopapillary neoplasm. I am aware that the case study does not mention my name or address. But it does reflect my medical care, gender, age and medical history.

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**Patient Name:** [REDACTED]

**Patient address:** [REDACTED]

**Patient signature:** [REDACTED] **Date**

**Reviewed by Mohammad Abudalou**  
**Signature**  
**Date 9/11/2020. time: 11:00am**