

## Consent Form for Case Reports

### Case Report Title:

Lenvatinib use associated with multi-organ adverse events in Hurthle cell thyroid cancer: case report and literature review

**Principal Investigator:** Dr. Muhammad Imran Butt  
Consultant Endocrinologist  
King Faisal Specialist Hospital & Research Centre &  
Al Faisal University  
Riyadh, Kingdom of Saudi Arabia, Postal code 11211

You are being asked to consider allowing Dr. Muhammad Imran Butt to use information about your medical condition, Thyroid cancer to write what is called 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 for other physicians and members of a health care team. A case report may be published in print or online 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 inform other physicians of challenges in the management of thyroid cancer and share our experience of use of Tyrosine Kinase Inhibitor drugs with their benefits and side effects.

Your information being used for this case report includes your history, examination, investigation and treatment.

Dr. Muhammad Imran Butt is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When the 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 to 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 even if you have consented. 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 had 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

Case Report:

Hasna Mohsen Salman Almutairi

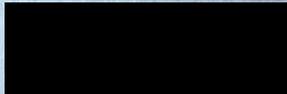
Name of Participant: \_\_\_\_\_

#### Participant/Substitute decision-maker

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 / doctor have read each page of this form in Arabic for me.
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report

Hasna Mohsen Salman Almutairi



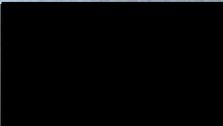
12/10/2020

\_\_\_\_\_  
Name of Participant/Substitute  
Decision-maker (print)

Signature

\_\_\_\_\_  
Date

Abdulmohsen Mohammad Khalid Bakhsh



12/10/2020

Name / ID of Health care provider

Signature

\_\_\_\_\_  
Date