

STANDARD CONSENT FORM FOR A CLINICAL CASE REPORT

Case report on safety of dual biologic therapy with ocrelizumab for multiple sclerosis and vedolizumab for Crohn's disease.



Investigators: Dr Michael Au, Dr Nikola Mitrev, Dr Rupert Leong, Dr Viraj Kariyawasam

I gave my informed consent for the treatment (dual biologic therapy), review of all my medical records that are relevant for the purposes of this report, which has been explained to me by Dr Viraj Kariyawasam.

I understand that the information collected will be stored securely and will only be accessible to the named investigators.

I am aware that the report is to be published in a medical journal and/or presented at conferences and this will be done in a way that does not identify me.

I understand that if I do not consent or wish to withdraw my consent before the report is published / presented, this will not otherwise affect my treatment.

NAME OF PATIENT:		
SIGNATURE OF PATIENT:		Date: 