

CONSENT FORM FOR CASE REPORTS

For a patient's consent to publication of information about them in a journal or thesis

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: Smooth Muscle Tumors _____

Title of article: _ EBV-Associated Smooth Muscle Tumor In Immunocompromised _____

Medical practitioner or corresponding author: _Afshin Khan, MD MPH_____

I _____ [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]: _____, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Signed: _____ Date: _____ January 11th, 2022 _____

Signature of requesting medical practitioner/health care worker:

_____ Date: _1/10/2022_____

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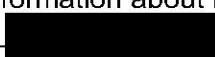
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
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Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: Case Series on Smooth Muscle

Title of article: EBV-Associated Smooth Muscle Tumor In
Immunocompromised Patients – A Case Series

Medical practitioner or corresponding author: _____ MD, MPH

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