



Consent Form

Patient Name:

Case Series Title: Autoimmune Pancreatitis Associated with Severe Ulcerative Colitis

The case series will include de-identified information regarding care you received at St Vincent's. This information will include details of your age, gender and details of your condition. Treatment details will include procedure(s) received, medications given, investigation findings, complications encountered, follow-up that occurred and general timeframes related to the aforementioned. Investigation imaging will be included for reference. This will not include identifying details such as your name, date of birth, residence or employment.

CONSENT

I understand the following:

I _____[PRINT FULL NAME] give my consent for:

- My case study based upon my medical condition to be presented at a medical conference or published in a journal that will be distributed worldwide.
- The material may include details of my injury/condition and information regarding treatment, surgery, prognosis and healthcare professionals encountered in the course of my condition.
- The material will be submitted for publication without my name, however complete anonymity cannot be guaranteed. It is possible that somebody may recognise case details that may identify me – for example recognisable to a relative or health care worker involved in my care.
- I, the patient, will not receive any financial benefit from publication of the article.
- I can revoke my consent at any time before publication, but once committed to publication, it will no longer be possible to revoke my consent.
- This consent will be retained securely and in confidence by the publishing academic body for no longer than necessary.

Signed: _____ Print name: _____

Address: _____ Email: _____

Phone no: _____ Date: _____
5/12/2021

Details of person who has explained and administered the form:

Signed: _____ Print name: _____

Position: Gastroenterologist Institution: St. Vincent's Hospital, Sydney

Email: simon.ghaly@svha.org.au Phone no: 02 83826622

Date: 7.12.2021

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Signed: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Print name: [REDACTED]

Email: [REDACTED]

Date: 30.11.2021

Details of person who has explained and administered the form:

Signed: [REDACTED]

Print name: Dr. Simon Ghaly

Position: Gastroenterologist

Institution: St. Vincent's Hospital, Sydney

Email: simon.ghaly@svha.org.au

Phone no: 02 83826622

Date: 30.11.2021

Consent Form

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[REDACTED]

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Signed: _____
Address: _____
Phone n: _____

Print name: _____
Email: _____
Date: 29/11/2021

Details of person who has explained and administered the form:

Signed: _____
Position: _____
Email: _____
Date: _____

Print name: _____
Institution: _____
Phone no: _____