



## PATIENT INFORMATION SHEET

**TITLE OF SCIENTIFIC PUBLICATION:** World Journal of Critical Care Medicine.

**Principal Investigator:** Fabiel Gerardo Pérez Cruz / Patricia Villa Díaz

Dr. Villa MD has requested permission for the publication of my clinical case in the World Journal of Critical Care Medicine.

This publication will use the data I have referred to, laboratory tests and other pertinent studies that have been performed, as well as diagnoses, treatments, comments and conclusions.

It was explained to me that in no case will my name appear, nor any other information that could reveal my identity, in accordance with the provisions of Organic Law 15/1999, of December 13, on the protection of personal data. The confidentiality of the published data will always be guaranteed.

The reason for the publication is purely academic. And in no case, will be used for other purposes.

Also, I have been informed that my participation in this publication is totally free and voluntary. As well as my refusal to accept the publication of my case, it will not alter at all the medical care of my present or future illness.

I have had the opportunity to clarify all the doubts that were presented to me, before accepting this request.

Therefore, I authorize Dr. Villa MD to publish my clinical case in the World Journal of Critical Care Medicine.

Signature: 

Patient:

Name: ADORACIÓN HUERTA PALACIOS Date: 20 - Marzo - 2017

Doctor applying for authorization:

Name: PATRICIA VILLA DIAZ Date: 20 - Marzo - 2017

