

## Consent Form for Case Reports

**Case Report Title:** Disabling portosystemic encephalopathy in a non-cirrhotic patient: successful endovascular treatment of a giant inferior mesenteric-caval shunt via the left internal iliac vein

**Principal Investigator:** Dr. Luca de Martinis, M.D., Unit of Endocrinology and Internal Medicine, University of Pavia, ICS Maugeri SPA Società Benefit, Via Maugeri, 10, 27100 Pavia, Italy.

You are being asked to consider allowing Dr. Luca de Martinis to use information about your clinical records and available ancillary exams 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 might be useful for other physicians and members of a health care team. A case report may be published for others to read, and/or presented at a conference. Your information being used for this case report includes the details of your clinical condition. Dr. de Martinis is obligated to protect your privacy and not disclose your personal information. When the case report is published or presented your name, your identity will not be disclosed. You will not directly benefit from participating in this case report, however the information that can be shared with other health care professionals may improve the care that is received by others in the future. Taking part in this case report is your voluntary choice, however once the case report is written and published, it will not be possible for you to withdraw it. Your signature below means that you have read the above information about this Case Report and have had the chance to ask questions to help you understand how your information will be used.

By signing this form, i confirm that:

- The case report has been fully explained to me and all my questions have been answered
- I have been informed of the risk 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 have read each part of this form
- I authorize access to my personal health information as explained in this form
- I have agreed to participate in this case report

*Maria Teresa Bronco*  
Name of Participant

*Bronco Maria Teresa*  
Signature

*25-10-18*  
Date