

**Lung Cancer Clinic (Department of Pulmonary Medicine), PGIMER, Chandigarh**  
**Consent for Chemotherapy/Targeted Therapy/Immunotherapy & Publication**

I ..... CR No..... LCC No .....

have been explained about the disease I am suffering from; its available treatment in PGIMER, Chandigarh; and risks related to its treatment/prognosis of the disease including death in the language I understand and to my satisfaction. I have also been explained that most of lung cancers/thoracic malignancies are not curable permanently. Chemotherapy and/or targeted therapy and/or immunotherapy (with/without radiotherapy) can have short-term as well as long-term complications and I may get them at any time. However, I understand that these are given because the benefit of their administration/usage overweighs the potential risks. I have also been advised about the precautions to prevent complications following chemotherapy/targeted therapy/immunotherapy. However, I understand that I can still get them and in case of any untoward symptoms, I can report to PGIMER medical emergency at any time of the day/night or to the doctor in Chest Clinic/Lung Cancer Clinic. I have been given opportunity to ask questions and I have been given answers to my complete satisfaction. I understand that I have complete freedom of choosing my treatment at any other hospital at any point of time.

I also give my consent and permission to use my disease information, investigations carried out on me, blood sample, data and photograph for research purpose or for publication in a scientific journal for the advancement of medical education. I understand that medical records that reveal my identity will remain confidential except that they will be provided as noted above or as may be required by law.

Signature of Patient/Patient Relative\*

Date:

Name:

Contact number 1:

Contact number 2:

Email:

Address:

Signature of witness

Date:

Name:

Contact number 1:

Contact number 2:

Email:

Address:

\*If the patient himself/herself is not in a position to sign the consent form, then a close relative attending the patient can sign the same on his/her behalf after explaining the content of the above statement to the patient.