

Consent Form

For a patient's consent to publication of images and/or information about them

[REDACTED]

Description of the photo, image, text or other material (Material) about the patient: pathology images, laboratory and imaging results and clinical case description

Provisional title of article in which Material will be included: Ipilimumab and Nivolumab induced steroid-resistant colitis treated with Infliximab.

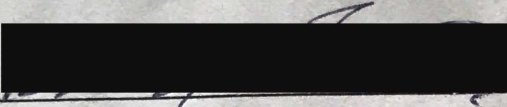
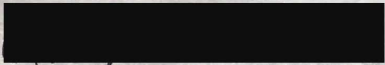
[REDACTED] for the Material about me/the patient to appear in a medical publication. I confirm that I:

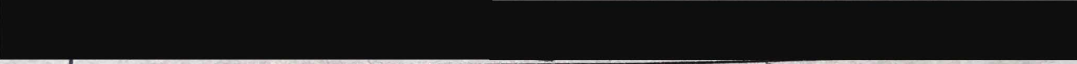
- ☒ have seen the photo, image, text or other material about me/the patient
- ☒ am legally entitled to give this consent.

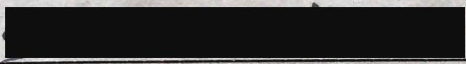
I understand the following: (1) The Material will be published **without** my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient. (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future. (3) The article may be published in a journal which is distributed worldwide. Medical publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists. (4) The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the article will be placed on a website and may also be available on other websites. (5) The text of the article will be edited for style, grammar and consistency before publication. (6) I/the patient will not receive any financial benefit from publication of the article. (7) The article may also be used in full or in part in other publications and products published by the journal and/or by other publishers. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by the journal or other publishers now and in the future. The article may appear in local editions of journals or other publications, published in the UK and overseas. (8) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent. (9) This consent form will be retained securely and in confidence by the journal in accordance with the law, for no longer than necessary.

Please tick boxes to confirm the following:

- ☒ I consent to the journal storing my contact details (including outside of the EEA) for the sole purpose of contacting me, if necessary, in the future.
- ☒ Where this consent relates to an article in the journal, I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

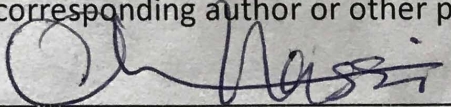
Signed:  Print name: 

Address: 

Email address:  @aol.com

Telephone no:  Date: June 1, 2018

Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed:  Print name: Ammar Nassri

Position: Gastroenterology, Department of Medicine

Institution: University of Florida, Jacksonville

Address: 655 8th St West, Jacksonville, FL 32209

Email address: anassri@gmail.com

Telephone no: 904-633-0797

Date: June/1/2018