

Consent Form – Case Reports

For a patient's consent to publication of information about them contained in Case Reports considered as part of the Faculty of Pain Medicine Case Report Prize.

Title of case report: Lump type crossed fused renal ectopia with bilateral vesicoureteral reflux

Name of person described in the case report: _____

Author: Dong-Gi Lee

I _____ [INSERT FULL NAME] give my consent for this information about (1) Myself / (2) My child / (3) My relative [DELETE AS APPROPRIATE] relating to the subject matter above to appear on the Faculty of Pain Medicine website and their associated publications.

I have seen and read the material to be submitted to the Faculty and understand the following:

1. Every attempt to ensure my anonymity will be taken, including removing my name from the case report. I understand, however, that complete anonymity cannot be fully guaranteed (for example, those who looked after me in hospital or a relative may be able to identify me from the details of my case).
2. The information will not be used for advertising purposes nor used out of context.
3. I can revoke my consent but only before the information has been sent to the publisher, uploaded to the website or in any other way e-published.

Signed: _____

Date: 2018-11-23