



Northern Health

CONSENT FORM FOR CASE REPORT

For a patient's consent to publication of information about them in a journal or thesis

Name of person described in article or shown in photograph: [REDACTED]

Subject matter of photograph or article: ATHEROSCLEROSIS IN LIMA GRAFT

Title of article: MANAGEMENT OF ATHEROSCLEROTIC PLAQUE COMPLICATED BY THROMBUS IN THE LIMA GRAFT

Medical practitioner or corresponding author: SAUVY NANDAL

I [REDACTED] [insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name] [REDACTED], relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I 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. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
4. The Information may be placed on a website.
5. 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 [REDACTED]

Date: 08/03/2019

Signature of requesting medical practitioner/health care worker:

[REDACTED] Date: 06/03/2019

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