

Consent Form to Participate in a Case Report

Title of Case Report: Pembrolizumab: The Emerging Treatment of Pulmonary Sarcomatoid Carcinoma: A Case Report

**Principal Investigator**

Name: [REDACTED]

Address: [REDACTED]

**Information on Participating**

You are being asked to allow [REDACTED] to use your health information to write a case report. Case reports are used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team, and to the scientific field as a whole. You have [REDACTED], which is unique and new to the medical field.

If you agree to participate, we will collect your medical history and information from your clinical visits.

A case report may be published (in print and/or via internet dissemination) for others to read, and/or presented at a conference. Your personal information (such as your name, date of birth, medical record number) will not be shared. Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a very small risk of a loss of confidentiality.

You will not directly benefit from participating in this case report; however, the information collected may improve the care that is received by others in the future.

Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation.

Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive.

Your signature below means that you have read the above information, your doctor has explained to you about the case report, and you had a chance to ask questions to help you understand how your information will be used that you give permission to allow your information to be used in this case report.

If you have any questions, please contact [REDACTED] at [REDACTED]



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## Participant Consent

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By signing this form, I confirm that:

- The case report has been fully explained to me and all my questions have been answered to my satisfaction;
- I have been informed of the risks 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 page of this form;
- I authorize access to my personal health information (medical record) as explained in this form;
- I have agreed to participate in this case report;

[Redacted Name]

Name of Participant/Authorized Representative

[Redacted Signature]

Signature

1/4/19  
Date