

Hello Dr. Cappell,

A single case report does not constitute research. Nothing further is required by the Beaumont IRB.

*Lynne Paul, RN, MSN CIP*

Beaumont Health Institutional Review Board (IRB)

Clinical Research Administrative Nurse Manager

[Lynne.paul@beaumont.org](mailto:Lynne.paul@beaumont.org)

248-551-0653 work

248-551-0662 general IRB number

**From:** Cappell, Mitchell

**Sent:** Tuesday, September 03, 2019 12:07 PM

**To:** Paul, Lynne <[Lynne.Paul@beaumont.org](mailto:Lynne.Paul@beaumont.org)>

**Cc:** Cappell, Mitchell <[Mitchell.Cappell@beaumont.edu](mailto:Mitchell.Cappell@beaumont.edu)>; 'mscappell@yahoo.com' <[mscappell@yahoo.com](mailto:mscappell@yahoo.com)>

**Subject:** RE: Two case reports-Cappell

9/3/19

Lynne Paul, Nurse Manager

HIC/IRB

Dear Lynne Paul:

Thank you for your help in my previous research projects. I am interested in publishing two case reports on termination of GI endoscopies performed by two gastroenterologists due to acute change in mental status from medical illness abruptly manifesting during endoscopy. Up until now all single or two case reports have been exempted from and not required IRB approval. Is this still the case?

Thank you in advance for your kind attention to this letter.

Warm regards,

Mitchell S. Cappell, M.D., Ph.D.

[REDACTED] give Dr. Mitchell Capell permission to publish, reproduce, and distribute the attached Case Study/Case Reports regarding bizarre endoscopy. I am aware that that the case study does NOT mention my name or address, but it does reflect my medical care, gender, general age (using a general descriptor such as elderly or middle-aged), and medical history.

I have been told that the author currently plans to submit the Case Study/Case Reports for publication to a medical journal, for educational purposes.

I will not be paid in any manner for use of the Case Study/Case Reports as described above. I will not receive any royalties or other compensation in connection with any such publication or use.

I am not required to sign this form and I may refuse to do so. My medical treatment and payment for healthcare will not be affected by whether or not I sign this document.

I may withdraw this authorization for any future sharing at any time by notifying my attending physician or Dr. Cappell in writing, but my withdrawal will not affect information that has already been shared or published. This authorization has no expiration date.

[REDACTED]

Patient Signature

[REDACTED]

Patient Name

October 3, 2019

Date

Signed,  
Mitchell Capell

[REDACTED] give Dr. Mitchell Cappell permission to publish, reproduce, and distribute the attached Case Study/Case Reports regarding bizarre endoscopy. I am aware that that the case study does NOT mention my name or address, but it does reflect my medical care, gender, general age (using a general descriptor such as elderly or middle-aged), and medical history.

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[REDACTED]  
Patient Signature

[REDACTED]  
Patient Name

October 10, 2019

Date

Signed,  
Mitchell A. Cappell