

## 知情同意书 Consent Form

患者对于将资料发表于国内外学术期刊的知情同意

Patient's consent for the publication of material relating to them in domestic and international academic journals.

研究单位: 安徽省医科大学附属六安人民医院神经内科 (六安市人民医院)

安徽省六安市人民医院。

Research institute: Hebei general hospital: Department of Neurology, Lu'an Hospital Affiliated to Anhui Medical University (People's Hospital of Lu'an City)

本人同意我现的资料出现在学术刊物和相关出版物, 我已看过所使用资料, 了解了发表的内容。

I give my consent for this material to appear in academic journals and associated publications. I have seen any pictures and read the material to be published.

我已获知:

I understand that;

1 的名字不会被公开。但我也理解不能保证完全保密。

My name will not be published. I understand, however, that complete anonymity cannot be guaranteed.

2、我的资料会发表于全球性的网站和期刊上, 印刷版本和网络版会供医生、媒体、大众阅读。

The material may be published and placed on worldwide website and journals. Both the printed version and the website are seen and read by doctors, journalists, and members of the public.

3 我的资料不会被用于商业用途。

The material will not be used for advertising or packaging.

4、我知道这些影像资料会用于向医学界或公众宣传脑梗死的结果, 问题, 趋势, 关注事项和类似问题。

I understand know that these imaging materials will be used to publicize the results, problems, trends, concerns and similar issues of cerebral infarction to the medical community or the public.

患者/监护人(Patient/Guardian) \_\_\_\_\_

日期(date) 2021.1.12

见证人/医生(witness/physician) 杨超周



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患者/监护人(Parent/Guardian) \_\_\_\_\_

日期(date) 2017

见证人/医生(witness/physician) 杨彦庆



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患者/监护人(Parent/Guardian)

日期(date) 2021.3.19

见证人/医生(witness/physician) 杨延周



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患者/监护人(Parent/Guardian)

日期(date)

2021.2.16

见证人/医生(witness/physician)

杨廷周



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