



Consent Form

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

Research institute: Rainbow Hospital of Xianyang

Name of person described in article or shown in photograph: Xinchen Yuan

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.

I understand that:

- ${f 1}$. My name will not be published. I understand, however, that complete anonymity cannot be guaranteed.
- 2. 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.
- The material will not be used for advertising or packaging.
- 4. I understand that such imaging records may be used for the purpose of informing the medical profession or the general public about characteristics of Acute Myeloid Leukemia, surgery methods, results, issues, trends, concerns and similar matters.

Parent/Guardia	_
Date Jun 18. 2007	
Witness/physician	





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