

AUTHORIZATION FOR PUBLICATION OF CASE REPORT

I, [REDACTED] give Amandeep Goyal and his team at University of Kansas Medical Center permission to publish, reproduce and distribute the attached case study regarding Q fever myocarditis. I am aware that this case report does not mention my name, date of birth or address. But it does include my current age, gender and medical history.

I have been informed by the team that the authors currently plan to submit the case for publication in a medical journal for educational purposes.

I will not be paid in any manner for this case study. I will not receive any royalty or other compensation in connection with any such publication.

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

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[REDACTED]

Patient name

[REDACTED]

Patient Address

[REDACTED] 03/20/2022
Patient Signature and Date

Reviewed By: [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]
03-20-2022