

Waiver of Informed Consent

We have obtained informed consent regarding the patient's permission to publish information regarding their medical history and condition in the World Journal of Hepatology. Other forms of informed consent is not required for our study. Our patient did not undergo any procedures under our care requiring informed consent prior to the procedure.

Regards,
Ankoo Patel MD
Department of Medicine
Rutgers Robert Wood Johnson Medical School

CONSENT FORM FOR CASE REPORTS¹

For a patient's consent to publication of information about them in a journal or thesis

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: ___Hepatic Inflammatory Pseudotumors following Viral Infection___

Title of article: ___A Case Report of Inflammatory Pseudotumors in the Liver associated with Influenza ___

Medical practitioner or corresponding author: ___Ankoor Patel MD_____

I _____ [insert full name] give my consent or to s n ormation about MYSELF relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Signed: _____ Date: 8/9/2023

Signature of requesting medical practitioner/health care worker:

_____, Date: 8/8/2023

¹ Adapted from *BMJ Case Reports* consent form.

Division Research Development and Support, Faculty of Health Sciences, Stellenbosch University, South Africa. Consent form for case reports. Version1. Sept 2008.