

PATIENT INFORMED CONSENT FORM

Patient identification number for this trial: -

Title of project: Sternocleidomastoid Flap for Reconstruction of Tongue Small Cell Carcinoma - A Case Report

Name of Principal Investigator: Hendry Irawan

Phone Number: +6282125097786

The contents of the information sheet dated 20 June 2022, that was provided have been read carefully by me / explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks / benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals. I give permission for these individuals to have access to my records.

I agree to take part in the above study.



(Ni Ketut Sudarmi)

Date: 20 June 2022

Place: Denpasar, Bali

Name of the Participant: Ni Ketut Sudarmi

Complete Postal Address: Br. Gunung Sari Denpasar, Desa Padang Sambian Kaja, Kecamatan Denpasar Barat.

This is to certify that the above consent has been obtained in my presence.



(Hendry Irawan)

Date: 20 June 2022

Place: Denpasar, Bali