

Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

If you have any questions please contact DrNowacki or Prof. Zegarski at: [kontakt@pipac.pl](mailto:kontakt@pipac.pl)

### SUBJECT CONSENT TO PARTICIPATE

Case Report Title: **Pressurized IntraPeritoneal Aerosol Chemotheprapy (PIPAC) as a rescue therapy after misdiagnosed gastric cancer with Kruckenberg tumors: a case report.**

Name of Participant: \_\_\_\_\_ Grażyna Domżańska \_\_\_\_\_

By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been answered to my satisfaction
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report
- I have been informed that I do not have to participate in this case report
- I have read each page of this form
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report

Name of Participant: Grażyna Domżańska

Substitute Signature Date: 28.01.2018

*Domżańska*