

知情同意书 Consent Form

患者对于将资料发表于国内外学术期刊的知情同意

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

研究单位: 湖州市中心医院, 湖州师范学院附属中心医院

Research institute: Huzhou Central Hospital, Affiliated Central Hospital

HuZhou University

本人同意我的资料出现在学术刊物和相关出版物。我已看过所使用的照片并且了解了发表的内容。

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.

我已获知:

I understand that:

1、我的名字不会被公开。但我也理解不能保证完全保密。

My name will not be published. I understand, however, that complete anonymity cannot be guaranteed.

2、我的资料会发表于全球性的网站和期刊上, 印刷版本和网络版本会供医生、媒体、大众阅读。

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.

3、我的资料不会被用于商业用途。

The material will not be used for advertising or packaging.

4、我知道这些影像资料会用于向医学界或公众宣传**疾病的特点, 手术方法, 结果, 问题, 趋势, 关注事项和类似问题。

I understand that such imaging records may be used for the purpose of informing the medical profession or the general public about characteristics of **, surgery methods, results, issues, trends, concerns and similar matters.

患者/监护人 (Parent/Guardian) _____

日期 (date) _____

2020.6.10

见证人/医生 (witness/physician) _____

张玲玲

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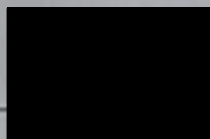
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患者/监护人 (Parent/Guardian)



日期 (date)

2020.10.9

见证人/医生 (witness/physician)

施玲玲