Soglasje za objavo kliničnega primera bolezni v znanstvene in strokovne namene

»Informed consent for case report publication for scientific and professional purposes«

Spodaj podpisani/a (ime in priimek, datum rojstva, št. popisa) [redacted] izjavljam, da se strinjam z objavo svojega kliničnega primera bolezni, poteka zdravljenja in morebitnih zapletov zdravljenja v znanstvene in strokovne namene.

Zdravnik/ca [redacted] mi je na razumljiv način obrazložil/a pomen in način objave ter odgovoril/a na moja vprašanja v zvezi z zdravljenjem. Moja privolitev je prostovoljna.

Seznanjen/a sem, da bodo vsi podatki, ki bodo uporabljeni za objavo, povsem anonimizirani, tudi iz morebitnih slik ne bo razvidna moja identiteta. Objavo kliničnega primera bo predhodno odobrila Etična komisija Onkološkega inštituta Ljubljana. S podpisom potrjujem, da sem podpisal/a dva izvoda. Prejel/a sem en izvod soglasja, drugi izvod se hrani v popisu.

I, the undersigned (name and surname, date of birth, ID number) [redacted], declare that I agree with the publication of my clinical case, course of treatment and possible treatment complications for scientific and professional purposes.

Medical Doctor [redacted], in an understandable way explained to me the meaning and method of publication and answered my questions regarding the treatment. My consent is voluntary.

I am aware that all the data used for publication will be completely anonymized, and my identity will not be evident from any images. The publication of the clinical case will be previously approved by the Ethics Commission of the Oncology Institute Ljubljana. By signing, I confirm that I have signed two copies. I have received one copy of the consent; the other copy is kept in patient record.

Datum/Date: [redacted]

Podpis bolnika/ce/Patient signature: [redacted]

Podpis zdravnika/ce/Medical Doctor signature: [redacted]

1. Povezani dokumenti

2. Podrejeni dokumenti