

# **Disseminated peritoneal leiomyomatosis with malignant transformation involving right ureter: A case report and literature review**

## **Informed Consent Form**

### **KEY INFORMATION**

You are being asked to consent to participate in a research study. The purpose of this study is to present a case of LPD with malignant transformation involving right ureter after laparoscopic hysterectomy. We emphasize that our case report is to investigate the etiology, clinical presentation, diagnosis, treatment and prognosis of LPD with malignant change mimicking metastatic urinary tract cancer and help developing further clinical management. Participation is voluntary. There is no penalty if you decide not to participate or withdraw from the study, and your relationship with Chen-Yueh Wen the Kaohsiung Veteran General Hospital, Kaohsiung, Taiwan Division of Urology, and Clarke University will not be affected by this decision. The estimated time of participation is 2021/07/29.

### **PARTICIPANT CONFIDENTIALITY**

In order to maintain confidentiality, your name will not be connected to any publication or presentation that uses the information and data collected about you or with the research findings from this study. Your identifiable information will only be shared if required by law or you give written permission.

### **DISCLAIMER**

The risk of participating is minimal. If you have health concerns that impact your ability to participate, however, you may want to consult a health care professional before agreeing to participate in this study. If you need medical or mental health attention during the course of the study, Clarke University emergency procedures will be followed. The researchers and Clarke University are not responsible for any medical or mental health expenses.

### **REFUSAL TO SIGN CONSENT AND AUTHORIZATION**

You are not required to participate in this study and have the right to refuse signing this form. Refusal to participate in this study or to sign the form will not affect your rights to services you currently are receiving or may receive from Kaohsiung Veteran General Hospital, Kaohsiung, Taiwan Division of Urology. If you refuse to sign this for, you cannot participate in the study.

### **CANCELLING THIS CONSENT:**

At any time during the study, you have the right to withdraw your consent to participate in this study. To withdraw from the study, we ask you to contact the researcher in writing. If you withdraw from the study, the researcher will stop collecting additional information and data about you. You can contact the researcher at the contact information listed in the next section.

### **PARTICIPANT CERTIFICATION:**

I have read this Informed Consent form. I have been given the opportunity to ask questions regarding the study, and I have received answers to any questions I had regarding the study. I understand that if I have any additional questions about the study or my rights as a research participant, I may contact Chen-Yueh Wen at +886989651070 or email miragewen@hotmail.com.

I agree to be a participant in this study. I acknowledge that I am aware of what this study involves, that I am at least 18 years old, and that I have received a copy of this Informed Consent form.

[Redacted Signature]

Participant's Signature

[Redacted Name]

Participant's Name (print legibly)

2021/07/29  
Date