

Patient Consent for Publication

Name of patient: [REDACTED]

Title of publication: CELIAC DISEASE AND SJÖGREN'S SYNDROME: A CASE REPORT AND REVIEW OF LITERATURE

Principal author: CIPRIAN JURCIU

Principal author's address: CALEA PLEVNEI 134, BUCHAREST

I, [REDACTED], hereby give my consent for images or other
c[REDACTED] reported in a medical publication.

I understand that:

1. The material may be anonymously published in a medical journal, available online.
2. My name will not be published and I cannot be identified from the clinical information, other than in relation to identifiable material for which I give consent.
3. If the publication is published on an open access basis, I understand that it may be accessed freely through the world.

Signature of patient [REDACTED]

Signature of health professional obtaining permission Cy

Date 20.04.2020