

Informed Consent Statement

Title of the Project: Wernicke encephalopathy in a patient after liver transplantation:
A case report

You are being asked to participate in a study of Wernicke encephalopathy after liver transplantation. The purpose of the study is to report the clinical manifestation, imaging findings and the treatment of Wernicke encephalopathy after liver transplantation. Since you have developed Wernicke encephalopathy and been cured, we will review the progress to help others pay more attention. You will be anonymity to protect your privacy.

There are no risks of any kind associated with the study. You may withdraw from the study at any time. There are no direct benefits to you and no compensation will be provided.

Participation in the study is completely voluntary. Failure to participate will not adversely affect your rights in any way.

Your participation in the study indicates that you have read and agreed to the above terms.

Participant's Signature:



Date:

