

## Patient consent form

Name of patient:

[REDACTED]

Relationship to patient (if patient not signing this form):

\_\_\_\_\_

Description of the photo, image, text or other material (**Material**) about the patient. A copy of the Material must be attached to this form:

CT scan / MRI

Provisional title of article in which Material will be included:

Hepatocellular carcinoma with tumour thrombus extended to the right

atrium: A case report and review of the literature

### CONSENT

I, [REDACTED] [FULL NAME] give my consent for the Material about me/the patient to appear in a publication.

I understand the following:

- (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The article may be published in a journal which is distributed worldwide, mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities.
- (5) The text of the article will be edited for style, grammar and consistency before publication.
- (6) I/the patient will not receive any financial benefit from publication of the article.

- (7) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.
- (8) This consent form will be retained securely and in confidence by the authors in accordance with the law, for no longer than necessary.

Please tick box to confirm the following:

- ☐ Where this consent relates to the article, I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone no: \_\_\_\_\_

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

Date: \_\_\_\_\_

- ☐ If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed.

**If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:**

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date: \_\_\_\_\_

**Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).**

Signed: Diego Gómez

Print name: Diego Andrés Gómez Puerto

Position: Medical Oncology

Address: \_\_\_\_\_

Institution: Vall d'Hebron Hospital

Email address: die.gomez@vhebron.net

Telephone no: 015205197

Date: 12<sup>th</sup> of december / 2019