

Patient Informed Consent Form

Title

Teratoma of the liver: clinical case and review literature

Confidentiality

We guarantee that all information in this study will not be disclosed to anyone without your consent, except to the members of the research team, your physician, and the medical staff of this institution who may be able to access your information incidental to the performance of their duties. Should we publish a journal involving your condition, we will ask for your consent whether you will be named or be treated anonymously.

Rights of the patients

Considering that participation in this study is voluntary, the participating patient may withdraw from this study at any time.

Who to ask if there are questions or concerns?

Should the participant have questions, please contact the Research Unit Director:

Name: Dr. Yuri O. Zharikov

Phone: 89166479938

- Name of Patient

[REDACTED]

- Signature

[REDACTED]

- Date Signed

17.04.21

- I have read and explained the details of this informed consent to the undersigned patient. I have given the opportunity for the patient to ask his/her questions. All questions raised by the patient were answered by me to the satisfaction of the patient.

- Name of Researcher

Dr. Prefix Yuri First Name Olegovich Middle Name Zharikov Last Name

- Signature

[Signature]

- Date Signed

17.04.21