



MONASH University

CONSENT FORM

Name of Patient/Carer:

[Redacted]

Relationship to patient (if patient not signing form):

N/A

Description of photo/image/text to be published:

De-identified description of medical issues related to Hepatitis C Virus and treatment options that were explored to achieve a cure. No identifiable information or images are included

Provisional title of article/publication:

Hepatitis C Virus treatment with glecaprevir and pibrentasvir in patients co-prescribed carbamazepine: A case series

CONSENT

I, [Redacted] [Redacted] (Print Full Name) give my consent for publication of the material stipulated above. I accept this as a generic consent, endorsing publication of this article in a medical journal.

Signature [Redacted] dated on (day/month/year): 9/8/2022

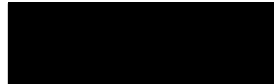
I confirm that I (tick box below to confirm):

- ☒ Have seen the text/material about me/the patient
- ☒ Have read the article to be submitted
- ☒ Am legally able to give this consent

School of Clinical Sciences at Monash Health
Faculty of Medicine, Nursing and Health Sciences
Level 5, Block E, Monash Medical Centre
246 Clayton Road, Clayton VIC 3168

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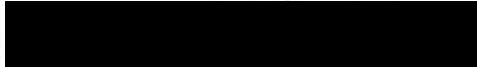

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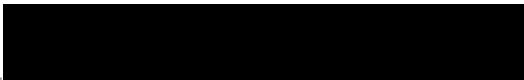
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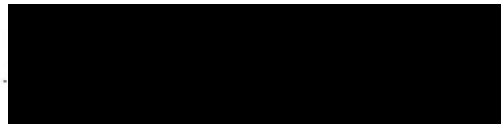
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Signed on (day/month/year):

X 22/03/2023

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