

## Consent Form for Case Reports:

Case Report Title: **Successful recanalization of long femoro-crural occlusive disease after failed bypass surgery**

Principal Investigators: Sorin Giusca, MD and Grigorios Korosoglou, MD.

You are being asked to consider allowing the principal investigators to use information about your clinical records to write what is called a case report.

Case reports are typically used to share unique information experienced by one patient during his/her clinical care that may be useful for other physicians. The purpose of such a case report is to inform other physicians about the ability of endovascular treatment of very complex peripheral artery disease, as in your case. Your information being used in this case includes details of your clinical data and interventional treatment in our Hospital. We are obliged to protect your privacy and will not disclose your personal information (e.g. name, birthdate, medical record number). These data will not be included in the Case report.

By signing this form, I confirm that:

- The case report has been fully explained to me and all of my questions have been answered to my satisfaction
- I have been informed of the risks and benefits, if any, of allowing my information to be used in this case report
- I have been informed that I do not have to participate in this case report
- I have read each page of this form
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report

Name of the Participant/Substitute: *Mrs. Rose Kern.*

Date: *08th November 2017*

Signature: *R. Kern*