

INFORMED CONSENT STATEMENT

22th of Novembre 2016

Freiburg (Germany)

Dear mister and misses,

We declare that the patient G.A. or its legal guardians, gave written consent for the use of its personal and medical information for the publication of this case report and any accompanying images.

You can see a copy of the signed consent form attached below.

Yours sincerely



J. Mayer

Judith Mayer, MD

Department of Pediatrics and Adolescent Medicine, Freiburg University,
79106 Freiburg, Germany



G.A.
79108 Freiburg

G. A., * 18.04.2006
79108 Freiburg

Consent Form for Case Reports

Case Report: Dysphagia after arteria lusoria dextra surgery:
anatomical considerations before redo-surgery

Principal Investigator: Mayer Judith, M.D.
Department of Pediatrics and Adolescent Medicine
Freiburg University, Germany
0049-761 270 43000

You are being asked to consider allowing Dr. Judith Mayer to use information about your symptoms of persisting dysphagia after arteria lusoria dextra surgery and the following redo-surgery to write what is called a case report. Case reports are typically used to share new unique information experienced by one patient during his/her clinical care that may be useful for other physicians and members of a health care team. A case report may be published in print and/or via internet dissemination for others to read, and/or presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this case report is to inform other physicians that persisting dysphagia after arteria lusoria surgery may be related to a persisting ligamentum arteriosum.

Your information being used for this case report includes your age, sexe and a description of your clinical symptoms and course as well as pre- and postoperative barium-swallow- and MRA-imaging and an intraoperative photography presenting the persisting ligamentum arteriosum.

Dr. Judith Mayer is obligated to protect your privacy and not disclose your personal information (information about you and your health that identifies you as an individual e.g. name, date of birth, medical record number). When the case report is published or presented, your identity will not be disclosed.

Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case report that could result in a loss of confidentiality by virtue of your unique experience.

G. A.

geb. 18.04.2006

informed consent

You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future.

Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation.

Taking part in this case report is your choice (voluntary). You may choose not to take part or you may change your mind at any time. However, once the case report is written and published, it will not be possible for you to withdraw it. Your decision will not result in any penalty or loss of benefits to which you are entitled including the quality of care you receive.

You will be told about any new information relating to this case report that may affect you.

Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

If you have any questions please contact Dr. Judith Mayer at 0049-761 270-43000 or Judith.mayer.zkj@uniklinik-freiburg.de.

SUBJECT CONSENT TO PARTICIPATE

Case Report: Dysphagia after arteria lusoria dextra surgery:
anatomical considerations before redo-surgery

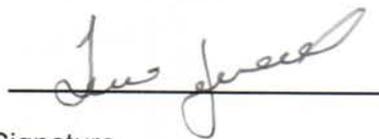
Name of Participant: **G. A.**

Participant/Substitute decision-maker

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

G. A./ L.A.



Name of Participant/Substitute
Decision-maker

Signature

Date