Sengkang General Hospital
SingHealth

CONSENT TO PUBLICATION OF PATIENT INFORMATION

NAME	[redacted]	
NRIC / PASSPORT NUMBER		
DATE OF BIRTH		
SEX / RACE		
ADDRESS		

I hereby consent for the information set out in the Annex attached to this consent form ("**Information**") to be published.

It has been explained to me that the Information has educational value. I therefore consent to the Information being published in academic publications, journals, textbooks, and any promotional collaterals for such publications, journals and textbook in any form or medium (including all forms of electronic publication or distribution) anywhere in the world without time limit ("**Purpose**"). In connection with the Purpose, I also consent to the Information being shown to appropriate professional staff i.e. health care professionals (including students) and content partners for such publications (including third-party publishers).

I also understand that it is possible that the Information may be seen by the general public. All or any part of the Information may be used in conjunction with other photographs, drawings, video images, sound recordings or other forms of illustration. I understand that efforts will be made to conceal my identity, but that complete anonymity cannot be guaranteed.

I also understand that once the Information is made available for research or teaching purposes (which shall include publication), recovery of the Information may not be possible. I acknowledge that no fee is payable to me for use of the Information either now, or at any time in the future.

I confirm that the Purpose has been explained to me in terms which I have understood. It has been made clear to me that refusal to consent will in no way affect my medical care.

By signing below, I also confirm that I have read, understood and consented to the SingHealth Data Protection Policy, the full version of which is available at www.singhealth.com.sg/pdpa.

I understand that if I have any questions about the Information and/or Purpose, I may contact Dr. Sohil Pothiawala, Senior Consultant, Department of Emergency Medicine, sohil_pothiawala@whc.sg.

I understand that if I have any questions about how Sengkang Healthhandles my personal data, I may contact the relevant Data Protection Officer at pdpa@skh.com.sg.

[redacted]

(*Signature / Thumbprint [*Right / Left] of Patient)

12/07/2020

(Date of Signing)

[redacted]

(Name of Witness)

[redacted]

(Designation of Witness)

[redacted]

(Signature of Witness)

12/07/2020

(Date of Signing)

Please delete accordingly.

TO BE SIGNED BY PARENT / LEGAL GUARDIAN / DONEE / DEPUTY (IF APPLICABLE) ("AUTHORISED PERSON")

(*Signature / Thumbprint [*Right / Left] of *Parent / Legal Guardian / Donee / Deputy)

(Date of Signing)

(Name of Witness)

(Designation of Witness)

(Signature of Witness)

(Date of Signing)

Please delete accordingly.

TO BE FILLED BY INTERPRETER (IF REQUIRED)

I, _____, confirm that I have interpreted to the Patient, or the Authorised Person (if applicable), the consent form in _____ (language / dialect).

(Signature of Interpreter)

(Date of Signing)

ANNEX A

NAME	[redacted]
NRIC / PASSPORT NUMBER	
DATE OF BIRTH	
SEX / RACE	
ADDRESS	

The authors shall de-identify patient's personal data in the case report, and we shall describe his presenting complaints in the emergency department as well as his progress during the inpatient admission and outpatient follow-up. We will also de-identify and describe results of his blood and radiological investigations in the case report. We may use certain images of the radiological investigations that he underwent in the ED as well as during his inpatient admission. We shall duly ensure that every effort to conceal the patient's identity is made in the process of writing and publishing the case report.