


**Patient Consent Form for Case Report - CHU Brugmann**


Print name:  \_\_\_\_\_

If patient is a minor, print parent/guardian name: \_\_\_\_\_

I have read the information about me and/or seen the photograph to be published.  
I give my consent for this material to appear in a scientific journal.

I understand the following:

- (1) My name will not be attached to the material. The authors of the article will make every attempt to keep my identity anonymous. I understand, however, that they cannot guarantee complete anonymity. It is possible that someone, such as someone who works in this clinic or one of my relatives, might be able to identify me.
- (2) The material will only be published in a scientific journal.
- (3) The material will not be used for advertising.

Signature:  \_\_\_\_\_  
(If patient is a minor, parent or guardian signs.)

Today's date: 23/8/19