

**STANDARD INFORMATION & CONSENT FORM FOR CLINICAL CASE REPORT**

<b>Title</b>	
<b>Author/s</b>	
<b>Contact Person</b>	
<b>Contact Number</b>	
<b>Contact Email</b>	

**Please delete responses that are not applicable**

I give my consent for the review of my / my child's medical records that are relevant for the purposes of this report, which has been explained to me by \_\_\_\_\_.

I give my consent for the use of photos / images of myself / my child in this clinical case report.

I am aware that the report may be published in a medical journal and/or presented at conferences.

I understand that my / my child's name will not be published and that every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. For example, members of my family or the health care staff who have looked after my child may recognise my child from the details of his / her case.

I understand that the information collected will be stored securely and will only be accessible to the named authors.

I understand that I can withdraw my consent, but only before the information has been published / presented.

I understand that my decision to participate is voluntary, and if I do not consent to participation, or wish to withdraw my consent, this will not otherwise affect my/ my child's treatment at the Hospital.

I understand that this Clinical Case Report has been approved by the Hunter New England's Human Research Ethics Committee, and if I have any concerns over the conduct of the authors, I am able to contact the Executive Officer on 02 4921 4140 or via email [HNELHD-ResearchOffice@health.nsw.gov.au](mailto:HNELHD-ResearchOffice@health.nsw.gov.au)

Name of person whose case is being reported: \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional signatures as appropriate (**Please delete this clause if not applicable**)

Name of parent or guardian: \_\_\_\_\_ (Please print)

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of interpreter: \_\_\_\_\_ (Please print)

Signature of interpreter \_\_\_\_\_ Date: \_\_\_\_\_