

CONSENT FORM FOR CASE REPORTS

For a patient's consent to publication of information about them in a journal or thesis

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: _____

Title of article: A Novel MXI1-NUTM2B Fusion Detected In An Undifferentiated Ovarian Cancer

Medical practitioner or corresponding author: Mohammed Elshafey

I Jamie Smith give my consent for this information about MYSELF, relating to the subject matter above to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me, if I was in hospital, or a relative - may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Signed: Jamie Smith Date: 7/3/24

Signature of requesting medical practitioner/health care worker:

[Signature] Date: 7/3/24

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BD: 05/16/1980 F MRN: XXXX6913
PCP: GANDHE, NALINIK DOS: 07/03/24 08:05
ATTN: GOGOI MD, RADHI GYNKKC

