

Consent Form for Case Report

Near-fatal mucormycosis post-double lung transplant presenting as uncontrolled upper gastrointestinal haemorrhage.

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You are being asked to consider allowing the above named clinicians to use information about your case 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 will be published for others to read. The case report will 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.

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.

SUBJECT CONSENT TO PARTICIPATE

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 that I do not have to participate in this case report
- I have agreed to participate in this case report

Susanne Mintzer
Name of Participant

A. J. [Signature]
Signature

16/1/18
Date