

## **INFORMED CONSENT FORM: REPORT OF A CLINICAL CASE**

Researchers: Marco Orsini, Fábio Porto and Jacqueline Fernandes Nascimento

Telephone for contact: (21) 98004-9832

Dear participant/guardian,

You are being invited to participate in the study and/or research entitled "Likely Limbic Encephalitis During a Sars-Cov-2 Infection? Case report". Our goal is to discuss the particularities of this clinical case with health professionals and specialists to expand the knowledge acquired for the improvement of the health conditions of the population.

We are requesting your authorization to consult and use the clinical, laboratory, and radiological data recorded in medical records.

The risks related to the research involve the breaking of secrecy and confidentiality and, therefore, the researchers are committed to keeping your identity confidential as well as any data that may allow your identification in order to guarantee anonymity.

Your participation in the study will not imply any additional costs and you will not have any expenses with the performance of the procedures foreseen in this study. There will also be no form of payment for your participation. You are guaranteed the right to compensation for any damages resulting from the research.

Your participation is voluntary and, therefore, you may refuse to participate in the study.

You will receive an identical copy of this document signed by the study researcher.

The research will be carried out in a private practice setting, and the researchers are available for any ethical clarifications and other measures that may be necessary (e-mail: orsinimarco@hotmail.com; phones: (21) 98004-9832).

**TCLE**

Participant heading:



Researcher heading:



Finally, having been oriented as to the content of all the contents mentioned herein and having understood the nature and the objective of the aforementioned study, I hereby express my free consent to participate, being fully aware that there is no economic value, to be received or paid, for my participation.

I, Luís Gustavo Amaral da Silva, voluntarily authorize that the information provided by me be used in this research.

I declare that I have read and understood the entire contents of this document.

Signature: 

Date: 05/10/2021

Phone number: (21) 986158378