Consent Form

For patient’s consent to publication of material in
Any Journal/Book/etc

Clinical Information or photograph or Test results or All or Any

Date: 09 03 - 2010

I/we give my consent for above materials to be used for publication/presentation/etc

Please tick as appropriate:
    I am the patient
    I am the patient’s relative/parents
    I understand the following:

(1) The material will be published without my/the patient’s name attached and every attempt will be made to ensure my/the patient’s anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/the patient if I/the patient was in hospital or a relative - may identify me/the patient.

(2) The material may be published in Journal/Book/any other mode

(3) The material will not be used for advertising or packaging.

Signed: Pooja Vesma

Name in BLOCK CAPITALS: HARISH KUMAR (Father)

                          Pooja (mother)