

**Case Reports portfolio of**

**Consent Form**

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|  | Initials |
|  | I confirm that I have read and understand the Patient Information Sheet. I have had the opportunity to consider the information, ask questions and, if asked, have had these answered satisfactorily. |  |
|  | I understand that my agreement is voluntary, and I am under no obligation to provide consent to access my data. I can refuse to sign to provide consent without giving any reason and without my legal rights being affected. |  |
|  | I agree to my personal data and data relating to me being used for the Case Reports portfolio and being processed as described in the Patient Information Sheet. |  |
|  | I understand that once my data has been released after I have consented it will be anonymised, and therefore it may not be possible to withdraw my consent as it may not be possible to be reidentified in the Case Reports portfolio. |  |
|  | I agree to be included in the Case Reports portfolio |  |

**By completing and submitting this consent from you agree to the statements above and consent to being included in my Case Reports portfolio. If you are not happy or willing to consent, please do not continue. To consent, please initial each of the 5 clauses above, and sign underneath.**

**Your name:**

**Your signature:**

**Date:**