

# Informed Consent Form For Case Report

## Dear Patient and Family Members:

Thank you for your participation in this clinical case report. Before you decide whether to take part, please read the following information carefully to ensure that you fully understand the purpose, methods, potential risks, and your rights as a participant in this report.

### I. Purpose and Significance of the Report

This case report aims to provide a detailed record and analysis of your specific medical condition, diagnostic process, treatment plan, and recovery. The goal is to contribute valuable insights for medical education, scientific research, and clinical practice. Through the study of your case, we hope to enhance physicians' understanding of particular diseases, optimize treatment strategies, and ultimately improve healthcare services and patient quality of life.

### II. Information Collection

This case report will involve the collection of your medical information, including but not limited to: personal demographic data, medical history, physical examinations, laboratory or imaging results, surgical records, treatment procedures, disease progression, and prognosis-related data.

Your case information will primarily be used for medical purposes, including diagnosis, treatment, nursing care, and rehabilitation.

Under the framework of national laws and medical ethics, your case information may also be used for legitimate purposes such as medical research and education.

We may collaborate with medical, research, or educational institutions and share your case information, but we will ensure such information is handled legally, compliantly, and securely.

### III. Rights, Obligations, and Potential Risks

**1. Rights:** As a participant, you have the right to be fully informed of all aspects of this case report. You have the right to decide whether or not to participate, and may withdraw your consent or terminate your participation at any time. You are also entitled to receive medical services and consultation related to this report.

**2. Obligations:** If you agree to participate, you are expected to provide truthful and accurate personal and medical information and to cooperate with documentation and follow-up procedures.

**3. Potential Risks:** Participation in this case report will not pose direct risks to your physical health. However, sharing medical information may involve a minimal risk of privacy breach. We will implement all necessary measures to protect your privacy and personal information.

### IV. Privacy Protection and Confidentiality



We are committed to strictly complying with national laws, regulations, and medical ethical standards to safeguard your personal information. Without your explicit consent, we will not disclose your personal or case-related information to any third party. All data involving your personal privacy will be used solely for the purpose of this report and will be handled appropriately afterward to ensure the security of your information.

After reading and understanding the above, if you agree to participate in this clinical case report and are willing to share your personal case information, please sign and date below. A copy of this form will be provided for your reference.

We sincerely thank you for your understanding and support.

Signature of Patient (or Legal Representative): 秦东

Date: 2024/11/15

Signature of Medical Personnel: 王明

Date: 2024/11/15