Consent Form for Case Reports
The Fourth People's Hospital of Qinghai

Case Report: 《Multidisciplinary Team Model in a Critically Ill Pregnant Woman with Miliary Tuberculosis and Meningitis: A Case Report and Literature Review》

Principal Investigator: Name, degrees held： Ju Zhao, M.S. Candidate
Institution： The Fourth People's Hospital of Qinghai
Contact Phone Number： 17535855722

You are being asked to consider allowing Dr.Ju zhao to use information about your diseasa 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 may be published in print or via internet dissemination for others to read, and presented at a conference. This form explains the purpose of this case report. Please read this form carefully and take your time to make your decision and ask any questions that you may have.

The purpose of this case report is to inform other physicians that A late-term pregnant patient was admitted due to a 2-week history of headache and vomiting. Through a series of examinations, she was diagnosed with tuberculous meningitis, disseminated pulmonary tuberculosis, and concurrent Hepatitis B virus infection. She subsequently initiated anti-tuberculosis treatment.

Your information being used for this case report includes clinical presentation, diagnostic workup, final diagnosis, and corresponding treatment following hospital admission.Dr. Ju zhao is obligated to protect your privacy and 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.

Although your personal information collected or obtained will be kept confidential and protected to the fullest extent of the law, there is a limited risk associated with this case report that could result in a loss of confidentiality by virtue of your unique experience.

You will not directly benefit from participating in this case report. The information that can be shared with other health care professionals, however, may improve the care that is received by others in the future.

Allowing your information to be used in this case report will not involve any additional costs to you. You will not receive any compensation.

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.

You will be told about any new information relating to this case report that may affect you.

Your signature below means that you have read the above information about this Case Report and have had a chance to ask questions to help you understand how your information will be used and that you give permission to allow your information to be used in this case report.

Should you have any inquiries, please do not hesitate to contact Ju Zhao of The Fourth People's Hospital of Qinghai.

SUBJECT CONSENT TO PARTICIPATE

Case Report Title: Multidisciplinary Team Model in a Critically Ill Pregnant Woman with Miliary Tuberculosis and Meningitis: A Case Report and Literature Review

Name of Participant: (Dongzhicuo)

Participant/Legally Authorized Representative

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 of the risks and benefits, if any, of allowing my information to be used in this case report
- I have been informed that I do not have to participate in this case report
- I have read each page of this form
- I authorize access to my personal health information (medical record) as explained in this form
- I have agreed to participate in this case report

Name of Participant/Legally Authorized Representative	Juzhao Signature	Date October 29, 2025.

I have carefully explained to the subject the nature of the above project. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, involved in his/her participation and his/her signature is legally valid. A medical problem or language or educational barrier has not precluded this understanding.

Name of Person Obtaining Consent	Signature	october 29. 2025. Date