



Government of **Western Australia**
 Department of **Health**
 Child and Adolescent Health Service

Princess Margaret Hospital for Children
 Human Research Ethics Committee
Patient Consent Form for Case Report

Name of person described in article _____

Subject matter of article _____

I insert Parent/Guardian's full name give my consent for this information about me/my child insert Patient's full name relating to the subject matter above ("the Information") to be prepared for publication in a medical journal.

I have been informed that a report of the clinical details related to my/my child's condition is currently being prepared for publication. Information in relation to my/my child's case highlights an important diagnostic and clinical issue.

I understand the following:

The Information will be published without my/my child's name attached and the *author* will make every attempt to ensure my/my child'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/my child or a relative - may identify me.

Signed _____

Parent/Guardian

Signed _____

Clinician

Date _____

Date _____

Copy of Consent Provided to Parent/Participant

