

AUTHORIZATION FOR PUBLICATION OF CASE STUDY

I, Anthony M. Kelleher, give Dr. Sonu Dhillon and his team at OSF Saint Francis medical center (University of Illinois College of medicine at Peoria), permission to publish, reproduce, and distribute, the attached Case Study, regarding Bile Caste Nephropathy. I am aware that the Case Study does NOT mention my name or address, but it does reflect my medical care, gender, age and medical history.

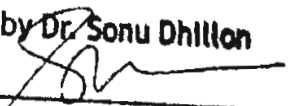
I have been told that the authors currently plan to submit the Case Study for publication in a medical journal, for educational purposes.

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I may withdraw this authorization for any future sharing at any time by notifying my attending physician in writing, but my withdrawal will not affect information that has already been shared or published. This authorization has no expiration date.

ANTHONY M KELLEHER Patient's Name:	
502 DAVIS ST. CHENOA IL. 61724 Patient's Address:	
Anthony M. Kelleher Patient's Signature:	11-10-2015 Date:

Reviewed by Dr. Sonu Dhillon
Signature 
Date 11/10/15 Time 4:00pm