INFORMED CONSENT STATEMENT

I, DOBOSZ André, give Dr D’Aveni Maud and her team at CHRU de Nancy, permission to publish, reproduce, and distribute, the attached Case Study, regarding “Allogeneic stem cell transplantation : a curative treatment for paroxysmal nocturnal hemoglobinuria with PIGT mutation”. 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, since the beginning I have been taken in charge.

I will not be paid in any manner for use of the Case Study. I will not receive any royalties or other compensation in connection with any such publication or use.

I am not required to sign this form, and I may refuse to do so. My medical treatment and payment for healthcare will not be affected by whether or not I sign this document.

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.

Patient’s name: André DOBOSZ

Patient’s adress :

Patient’s phone :