Consent form

I, [Name] give my consent for information about myself to be published in World Journal of Clinical Cases.

I understand that the information will be published without my name attached.

I understand that the text and any radiological pictures published in the article will be freely available on the internet and may be seen by the general public. The radiological pictures and text may also appear on other websites.

I have been offered the opportunity to read the manuscript.

Signing this consent form does not remove my rights to privacy.

Name: Shira Heller
Date: 13.4.21
Signed:

Author name: Shimon Izhakian
Date: 13.4.21
Signed: Shimi