Case Series Title: Autoimmune Pancreatitis Associated with Severe Ulcerative Colitis

The case series will include de-identified information regarding care you received at St Vincent’s. This information will include details of your age, gender and details of your condition. Treatment details will include procedure(s) received, medications given, investigation findings, complications encountered, follow-up that occurred and general timeframes related to the aforementioned. Investigation imaging will be included for reference. This will not include identifying details such as your name, date of birth, residence or employment.

CONSENT

I understand the following:

I ____________________________ [PRINT FULL NAME] give my consent for:

- My case study based upon my medical condition to be presented at a medical conference or published in a journal that will be distributed worldwide.

- The material may include details of my injury/condition and information regarding treatment, surgery, prognosis and healthcare professionals encountered in the course of my condition.

- The material will be submitted for publication without my name, however complete anonymity cannot be guaranteed. It is possible that somebody may recognise case details that may identify me – for example recognisable to a relative or health care worker involved in my care.

- I, the patient, will not receive any financial benefit from publication of the article.

- I can revoke my consent at any time before publication, but once committed to publication, it will no longer be possible to revoke my consent.

- This consent will be retained securely and in confidence by the publishing academic body for no longer than necessary.
Case Report: Patient Consent Form

Gastroenterologist
St. Vincent's Hospital, Sydney
simon.ghaly@svha.org.au
02 83826622
7.12.2021
Consent Form

Patient Name:

Case Series Title: Autoimmune Pancreatitis Associated with Severe Ulcerative Colitis

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CONSENT

I understand the following:

1. [INSERT FULL NAME] give my consent for:

   - My case study based upon my medical condition to be presented at a medical conference or published in a journal that will be distributed worldwide.

   - The material may include details of my injury/condition and information regarding treatment, surgery, prognosis and healthcare professionals encountered in the course of my condition.

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Case Report: Patient Consent Form
Details of person who has explained and administered the form:

Signed: __________________________
Position: Gastroenterologist
Email: simon.ghaly@svha.org.au
Date: 30.11.2021

Print name: __________________________
Institution: St. Vincent's Hospital, Sydney
Phone no: 02 83826622
Consent Form

Patient Name: [REDACTED]

Case Series Title: Autoimmune Pancreatitis Associated with Severe Ulcerative Colitis

The case series will include de-identified information regarding care you received at St Vincent's. This information will include details of your age, gender and details of your condition. Treatment details will include procedure(s) received, medications given, investigation findings, complications encountered, follow-up that occurred and general timeframes related to the aforementioned. Investigation Imaging will be included for reference. This will not include identifying details such as your name, date of birth, residence or employment.

CONSENT

I understand the following:

I [PRINT FULL NAME] give my consent for:

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Case Report: Patient Consent Form
Details of person who has explained and administered the form:

Signed: ____________________________  Print name: ____________________________
Position: ____________________________  Institution: ____________________________
Email: ____________________________  Phone no: ____________________________
Date: ____________________________