Date

HREC Executive Committee

Research Office

Level 13, Kolling Building

Royal North Shore Hospital

St Leonards NSW 2065

Dear

Re: Case report – Request for HREC Executive review

* Include background and rationale for case report.
* Indicate where you intend to publish/present the report.
* Outline how the information will be handled to maintain confidentiality. For historical reports where it is not possible to obtain consent, it is essential that information be **completely de-identified/non-identifiable. You must make clear how identifiers will be removed from information.**

Attached is a copy of the consent form which will be provided to the patient regarding the above.

OR

If the report is historical, provide information regarding waiver of consent (eg. The patient has been deceased for xx years, and it would be impracticable to attempt to obtain consent/may cause distress to next of kin etc).

If the HREC Executive Committee has any questions regarding the above please do not hesitate to contact XXXXXXX.

Yours sincerely

Co-ordinating Investigator

**PATIENT CONSENT FORM – CLINICAL CASE REPORT**

Name of person described in article or shown in photograph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of article:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Journal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I, .............................................................................................. *[full name]* of .................................................................. ...................................................................................................................................... *[address]* give my consent for information about myself relating to the subject matter above to appear in the journal and associated publications or presentations at professional medical conferences.
2. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.
3. The information will be published without my name attached and the investigators will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me in hospital or a relative - may identify me.
4. The information may be published in the journal, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists. The Information will also be placed on the journal website.
5. I can revoke my consent at any time before publication without prejudice to my relationship the [Department], Royal North Shore Hospital, but once the Information has been committed to publication (“gone to press”) it will not be possible to revoke the consent.
6. I understand that if I have any questions relating to my participation in this research, I may contact insert contact details
7. I acknowledge receipt of a copy of this Consent Form.

Complaints may be directed to the Northern Sydney Local Health District Human Research Ethics Committee by emailing NSLHD-Reseach@health.nsw.gov.au or telephone 02 99264590

**Participant**

Signature: Print name: Date:

**Investigator**

Signature: Print name: Date:

**REVOCATION OF CONSENT FOR CLINICAL CASE REPORT**

I hereby wish to **WITHDRAW** the consent for my participation in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the [XXX Department], Royal North Shore Hospital.

Signature Date

Please PRINT Name

The section for Revocation of Consent should be forwarded to:

Insert details