Consent Form for Case report

For a patient’s consent to publication of information about them in a journal

Name of person described in article or shown in photograph: MIKI UCHIDA

Subject matter of photograph or article: Case Report

Title of article: Primary adenoid cystic carcinoma in the peripheral ---

Medical practitioner or corresponding author: TAKUJI TANAKA

I, MIKI UCHIDA, give my consent for this information about MYSELF OR MY CHILD OR WARD/ MY RELATIVE relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child’s name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.

2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.

3. The Information may be placed on a website.

4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Patient’s Signature: MIKI UCHIDA Date: April 17 - 2015

Corresponding author signature: TAKUJI TANAKA Date: 4/17/2015
For a patient’s consent to publication of information about them in a journal

Name of person described in article or shown in photograph: KIYOMI IIDA

Subject matter of photograph or article: Case Report

Title of article: Primary adenoid cystic carcinoma of the peripheral ---

Medical practitioner or corresponding author: TAKUJI TANAKA

KIYOMI IIDA __________________________ give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child’s name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative - may identify me.

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3. The Information may be placed on a website.

4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Patient’s Signature: kiyomi iida Date: 4-17-2015

Corresponding author signature: Date: 4/17/2015