**IRB FORM 7**

**Consent Form Template**

**Clinical Case Report - Adults**

1. **Title of Case Report**: *[Must be identical to other IRB documents]*

2. **Purpose of Research**:

You are being asked to consent being referred to participate in a case report. You have been diagnosed with a medical condition that is uncommon or your condition has some unique characteristics that make it notable. The physicians who have been in charge of your treatment believe that reporting your case to other physicians will be of benefit, by increasing their knowledge about this medical condition and helping other patients in the future.

4. **Procedures and Duration:**

The physicians writing your case report will review the important medical information in your record and write it according to a standard format: medical history, video or photos (if applicable) findings of physical examination, laboratory results, diagnosis, treatment, and a discussion of the medical condition. Measures will be taken to protect your identity. The case report may be presented in a scientific forum or published in a medical journal.

5. **Benefits**

Writing this case report will not benefit you directly but may benefit other patients with a similar condition or characteristics in the future, by helping physicians increase their knowledge about how to diagnose and treat these patients.

6. **Voluntary Consent**

You understand consenting to this case report is voluntary. Your healthcare will not be affected in any way if you decline to consent.

7. **CONFIDENTIALITY**

All data obtained for this case report will be kept confidential. Your identity will be kept confidential in any future publications or presentations.

8. **OTHER CONSIDERATIONS**

If you have any questions at any time about this study or your rights you may contact Dr. Simón Carlo, Chair of the Institutional Review Board at the Ponce Medical School Foundation, telephone (787) 840-2575, Ext. 4758.

9. **CONSENT**

*[This consent section, signatures section and list of individuals authorized to obtain consent should all be on one page.]*

\* I have been informed of the reason for this case report.

\* I have had the procedure explained to me.

\* I have had all of my questions answered.

\* I have carefully read this consent form, have initialed each page, and have received a signed copy.

\* I give consent voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Authorized Representative Date Relationship, if applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator or Individual obtaining this consent Date Relationship, if applicable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness to Signature Date Relationship, if applicable

# List of Individuals Authorized to Obtain Consent

Name Title Day Phone 24 hour Phone