**Bhutan Sorig Journal**

**Case Report: Participant Information Sheet / Consent Form**

|  |  |
| --- | --- |
| **Title** |  |
| **Short Title** |  |
| **Case Report Author** |  |
| **Location** |  |

# Introduction

You are invited to consider allowing the principal investigatorto use information about your hospital stay and related treatment, and to write what is called a case report. Case reports are typically used to share new unique information experienced by one patient that may be useful for other health care professionals. A case report may be published (in print and electronically) for others to read, and/or presented at a variety of forums.

This form explains the purpose of this case report. It is important for you to understand why the case report is being done, what it will involve and how your personal information will be used. Please read this form carefully and take your time to make your decision and ask any questions about anything that you do not understand or want to know more about. If you agree to participate you will be asked to sign the Participant Consent Form.

# What is the purpose of this case report?

The purpose of this case report is to inform other health care professionals about the clinical features and management of rabies infections in humans.

# What will happen if I agree to be a part of this case report?

The principal investigator will collect information from the medical record to write the case report on your hospital presentation, course and treatment. The information being used for this case report includes [details here].

Taking part is entirely voluntary. You may choose to take part, not to take part or you may change your mind at any time without having to give a reason. If you decide not to participate or change your mind at any time, it will not affect your health care in the future.

However, once the case report is written and published, it will not be possible to have the information recalled or deleted.

# What are the risks of participation?

Although your personal information collected or obtained will be kept confidential, there is a limited risk that because the case report will describe a unique event, anonymity cannot be guaranteed.

# What are the possible benefits of taking part?

This case report aims to further knowledge that may improve the care that is received by others in the future, and may not directly benefit you.

Allowing your information to be used in this case report will not involve any cost to you nor will you receive any compensation or financial benefit.

# What will happen to information about me?

By signing the consent form, you consent to the case report author(s) and relevant case report staff collecting and using personal information about you for this specific case report only.

Any information obtained for this case report that can identify you will remain confidential and will only be disclosed with your permission, except as required by law. Data will remain securely stored, locked, password protected and only accessible by the case report author(s) and case report staff.

It is anticipated that the case report will be published and or presented in a variety of forums. Results of the case report will be provided to you, if you wish

# Further information and who to contact

The person you may need to contact will depend on the nature of your query.

If you want any further information concerning this project or if you have any medical problems which may be related to your involvement in the project (for example, any side effects), you can contact the following people:

**Case Report contact person**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone |  |
| Email |  |

If you have any complaints about any aspect of the Case Report, the way it is being conducted or any questions about being a Case Report participant in general, then you may contact:

**Reviewing ethics review board approving this Case Report and ethics review board chairperson details**

|  |  |
| --- | --- |
| Reviewing ethics review board name |  |
| Ethics review board chairperson |  |
| Telephone |  |
| Email |  |

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**Case Report: Consent to Participate**

|  |  |  |
| --- | --- | --- |
| **Title** |  |  |
| **Short Title** |  |  |
| **Principal Investigator** |  |  |
| **Location** |  |  |

**Declaration by Participant**

By signing this form, I confirm that:

* The case report has been fully explained to me in a language that I understand.
* I have had an opportunity to ask questions and am satisfied with the answers I have received.
* I authorise access to my personal health information as explained in this form.
* I understand that the case report information may be published (in print and/or electronically) and/or presented in a variety of forums without time limit.
* The case report information will be provided in such a way that I cannot be identified, ***except with my permission***.
* I understand that because the case report will describe a unique event, my confidentiality cannot be guaranteed.
* I freely agree to participate in this case report as described, and understand that I am free to withdraw my consent at any time before publication.
* I understand that once the case report is written and published, it will not be possible to have the information recalled or deleted.
* I give permission for images of my face or distinctive body markings to be published and recognise that I might therefore be identifiable even though my name and initials will not be published.

 🞏 Yes 🞏 No

* I give permission for collected data from this case report to be used in future research once ethical clearance for that project is obtained.

 🞏 Yes 🞏 No

In this case, the patient is unable to provide consent as he is under invasive mechanical ventilator. The following attendants (family members) taking key decisions in the care of the patient have provided the consent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of patient / guardian 1 |  |  |  |  |
|  |
|  | Signature |  | Date |  |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of guardian 2  |  |  |  |  |
|  |
|  | Signature |  | Date |  |  |
|  |

**Declaration by Case Report Author**

I have given a verbal explanation of the case report, processes and risks and I believe that the participant has understood that explanation.

|  |
| --- |
|  |
|  | Name of Case Report Author (please print) |  |  |
|  |  |
|  | Signature |  | Date |  |  |
|  |

**Annexure: Photos of patient as follows**