

## CONSENT FORM FOR CASE REPORTS

For a patient's consent to publication of information about them in a journal or thesis

Name of person described in article or shown in photograph: **Sebastian Persch**

Title of article: Bowenoid Papulosis: A Case Report

Medical practitioner or corresponding author:

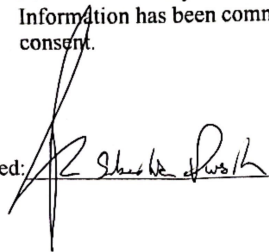
1. dr. Handelia Phinari, M.M., M.A.R.S.
2. dr. Ni Nyoman Ayu Sutriani, M. Repro, Sp.KK

I **Sebastian Persch** give my consent for this information about MYSELF, 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 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, 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.

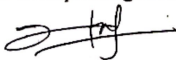
Signed: \_\_\_\_\_



Date: \_\_\_\_\_

19/04/22

Signature of requesting medical practitioner/health care worker:



\_\_\_\_\_  
dr. Handelia Phinari, M.M., M.A.R.S.

Date: \_\_\_\_\_

19/04/2022



\_\_\_\_\_  
dr. Ni Nyoman Ayu Sutriani, M. Repro, Sp.KK

Date: \_\_\_\_\_

19/04/2022