**To Patients and Families**

**～～Explanation about Case Reports～～**

As physicians, we publish case reports to share our experiences in treating patients. This includes issues that we encounter and positive outcomes that have been achieved. We hope that sharing these experiences will allow us to provide data that might benefit other patients by improving diagnostic or medical safety standards and investigating therapeutic methods to identify solutions.

To achieve these aims, we would like to use patients’ medical data (symptomatic course, prescription details, and test data) in anonymous form such that the patient’s identity is not disclosed (to protect personal information).

Specifically, this use of data may take the following forms:

◆Reporting in an oral presentation using slides or poster publication at case study conferences and academic conferences

◆Publication in medical journals in the form of written articles

Data are treated in the following ways in the presentations or publications such that the patient cannot be identified (to protect personal information):

□Names, including initials, are not published.

□Birthdates and addresses are not published.

□Age is presented in an approximate form (e.g., 60s, 70s).

□Dates are written in an unspecified form (e.g., February year X).

□ Geographic locations: Medical institution or region names are written in an anonymized form (e.g., Hospital A or Prefecture B).

□Family history and occupational history are not published unless essential to the case report.

□Imaging, test, and other medical data　may be presented in minimal and anonymized form as required. Patient ID numbers, names, and other such data that will make the patient identifiable are deleted. Images such as an image of the face that will make the patient identifiable are not used.

Participation in a case report is based on free will, and we guarantee that you will not be subjected to any disadvantages in your treatment and care at our institution if you decline to participate. Moreover, you are free to withdraw your consent at any time; however, please be informed that the withdrawal of consent for publication of your data may not be possible in certain circumstances, including when data has already been published at the time of withdrawal of consent or when data has already been anonymized and is therefore no longer retrievable for deletion.

**～～Case Report Informed Consent Form～～**

1. My attending physician has requested that my medical data be used in a case report for improving medical standards and education and training of other physicians.

2. I have received an explanation of the following from my attending physician:

●The possible media (case study conferences, academic conferences, and medical journals) and forms (oral and written) in which my data may be published, the methods of use of my medical data, and the anonymous form it may be presented in (methods to protect my personal information)

●I have the freedom to accept or decline from providing consent and that I will not be subjected to any disadvantages in my treatment or care by declining to provide my consent or by withdrawing my consent at any time.

●It may not be possible to delete data that has already been published or anonymized at the time of my withdrawal of consent

3. I have read and understood the above and provide my consent to have my medical data used in a case report.

Date　　　Year　　　Month　　　Day

Attending physician Signature　　＿＿＿＿＿＿＿＿＿＿＿＿＿

Patient Signature　　　＿＿＿＿＿＿＿＿＿＿＿＿＿

Legal representative Signature　＿＿＿＿＿＿Relationship　＿＿＿＿＿）