The Case Report/Case Series entitled ……………………………………………………………………………………................................................................................................................................................................................

**Researcher information**

 Name: .................................................................................................................................................. Work address/Hospital: ...........................................................................................................

Office phone number:........................................................................

 Contact telephone number (working hours): .............................................................................

 You/the patient under your guardian is included in the Case Report/Case Series due to

.........................................................................................................................................................................................

 The Case Report/Case Series is conducted due to .........................................................................................................................................................................................

 The potential benefits include .........................................................................................................................................................................................

Overall, there is/are ……. patient(s) included in this Case Report/Case Series.

 The Case Report/Case Series will describe only essential personal data for the purpose of Case Report/Case Series per necessity will be published. Therefore, the publication or presentation of the Case Report/Case Series may contain the patient’s demographics and health information data and other health-related personal data e.g.........................................., which are mainly derived from the medical records. Nonetheless, other non-health-related identifiers, for example, name and surname, address, telephone number, email, identification number, hospital number, and social security number will not be exposed. However, complete anonymity cannot be guaranteed, and it is possible that somebody somewhere may recognize the patient.

The patient’s personal data provided in this form will be obtained, used, and stored in accordance with Thailand's Personal Data Protection Act 2019.

The storage system for the copy of the patient’s data has a mechanism and technics ............................ that is appropriate as well as limitation of accessing in order to protect the data from being accessed, amended or being unable to be usedin an unlawful manner.

 The Case Report/Case Series may be published for an academic purpose via multiple channels, including academic reports, the medical journal, academic conferences, websites, and other media. The Case Report/Case Series may also be published in Thai, English, or other languages.

 Therefore, the purpose of this information sheet is to request your/the patient’s authorization to access and consent to publish the patient’s data as the Case Report/Case Series. Your decision is completely voluntary. If you wish, you may take the time to decide whether to give your authorization or not. Notably, there are no financial benefits upon your decision to give authorization. On the contrary, you can be assured that your decision not to authorize the use of the patient’s data will not affect your/the patient’s relationship with the healthcare professionals who requested it or the treatment you have/had/will have the right to receive at King Chulalongkorn Memorial Hospital.

**Consent withdrawal**

The patient always has the right to withdraw consent by submitting the verbal or written notification to ………………………………………………………………………………………………… (contact person and details)

However, in the case where you had given consent to the processing of the patient’s data, you may withdraw such consent at any time. We will then immediately cease processing the patient’s data at the earliest possible opportunity. Nevertheless, the withdrawal of consent does not withdraw the processing of the patient’s data which has already been conducted. Moreover, once the Case Report/Case Series is in any publication process, the withdrawal of the consent is not possible per se.

In the case where you intend to exercise your personal data protection rights or any complaints regarding the processing of the patient’s data, please contact The Institutional Review Board, Faculty of Medicine, Chulalongkorn University, Rama IV road, Pathumwan, Bangkok 10330 or the telephone number: 0-2256-4493 (official hours) or email address: medchulairb@chula.ac.th.

By signing the consent to publish, the patient’s legal right under the law shall not prevail.

 We do appreciate your consideration of participating in the publication of this Case Report/Case Series.