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## **Patient consent for publication of identifying material in Sanamed journal**

Title: The Subtypes of Pancreatic Ductal Adenocarcinomas

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I have read the manuscript and saw all the facts in which I am included.

I understand and give my consent for the following material (all photographs, illustrations, video, or audio files or other clinical information relating to my case) to appear in the print, online versions of Sanamed medical journal of doctors Novi Pazar, and in products derived from Sanamed medical journal of doctors Novi Pazar. I understand therefore that the material may be seen by the general public.

I understand that my name and initials will not be published but that complete anonymity cannot be guaranteed.

Patient's name

\_\_\_\_\_ -NA- \_\_\_\_\_

Patient's date of birth

\_\_\_\_\_

Patient's Signature (or signature of the person giving consent on behalf of the patient)

\_\_\_\_\_

Date

\_\_\_\_\_

If you are granting permission for another person, what is your relationship to that person?

\_\_\_\_\_

Why is the patient unable to give consent?

\_\_\_\_\_