

PATIENT CONSENT FORM

Name of person described in article: VALSALA

Subject matter of article: Ogilvie's Syndrome associated with electrolyte imbalance

Title of article: **A case of Ogilvie's syndrome associated with electrolyte imbalance in a healthy individual**

Corresponding author: DR. ROBIN GEORGE MANAPPALLIL

I, Miss Valsala, give my consent for this information about MYSELF relating to the subject matter "A case of Ogilvie's syndrome associated with electrolyte imbalance in a non-hospitalized patient" to appear in a journal article.

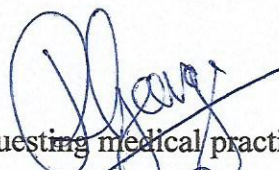
I understand the following:

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 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:



Signature of requesting medical practitioner



Dr. Robin George