**Study Title:** Title of Case Report

Hello, my name is [PI Name/Co-Investigator Name/Name of Supervisor]. I am a/an [Professional ROLE] and I treated you/I treated your child/I was involved in your/your child’s treatment at Kingston Health Sciences Centre – Kingston General Hospital Site OR Hotel Dieu Hospital Site OR Providence Care Centre for [list condition or treatment] and during [specify procedure as applicable].

The purpose of this case report is to communicate why your/your child’s case was unusual because it was identified that [include information as to why this case needs to be published]. This study has been reviewed for ethical compliance by the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board.

There are no risks and no direct benefits to you/your child as a participant but results will help add to the body of literature about [specify area]. We may need to access your/your child’s medical record to gather the relevant information immediately surrounding your/your child’s case but no other action is required on your part. Any information gathered will be kept confidential and not shared with anyone else except with members of the research team unless required by law. Data will be stored securely on hospital servers separate from hospital records for 5 years, after which it will be destroyed/OR include plans for storage and retention of study data. The Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) may require access to your study-related records to monitor the ethical conduct of the research. I plan to publish the results of this study in academic journals and present them at conferences/OR include dissemination plans but you/your child will not be identified. If you have any questions about the research, or if you would like to withdraw your consent, please contact me at [Janesmith@queensu.ca](mailto:Janesmith@queensu.ca) or 613-533-6000 ext. 12345 (if you are a Student Researcher, please provide Supervisor contact information). Please note withdrawal of consent will not be possible after Month, Day, Year/publication.

For ethics concerns please contact the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at 1-844-535-2988 (Toll free in North America) or [hsreb@queensu.ca](mailto:hsreb@queensu.ca).

By signing below, I am verifying that:

* Participation is completely voluntary and whether I decide to provide consent, or not, will have no influence on my/my child’s current or future medical care at this institution
* I will not receive monetary compensation for the publication of my/my child’s case report
* I understand that my/my child’s medical case will be published and I/my child will not be identified
* I have not waived any legal rights by consenting to participate in this case report

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Signature of Participant/Guardian/ PRINTED NAME Date

Substitute Decision-Maker

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Signature of Person Conducting PRINTED NAME & ROLE Date

the Consent Discussion