

To be translated by the representative for each country's OccWatch platform into the language of their patients.

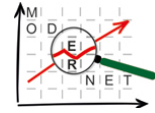
INFORMATION

Modernet is a network for development of new techniques for discovering trends in occupational and work-related diseases and tracing new and emerging risks. The main objective is to develop a network for exchange of knowledge on, and setting the basis for comparative evaluation and development of new techniques to enhance the information on trends in occupational diseases, on discovering and validating new occupational health risks more quickly (data mining, workers' and physicians' reporting coupled with novel statistical techniques) and use of modern techniques to discuss and disseminate information (platforms and social media).

*For this purpose, the permanent **EU Occupational Disease Sentinel Clinical Watch System ("OccWatch")** has been developed and is hosted by the French Agency for Food, Environmental and Occupational Health & Safety (ANSES). OccWatch is a shared restricted-access platform for the expert appraisal of clinical case reports for which an emerging risk is suspected (new "disease-exposure" combinations, or new "disease-exposure-occupational setting" combinations).*

Your doctor wishes to share medical information concerning you with international occupational health experts through the OccWatch platform. The information which is shared will be completely anonymous and will protect your identity, in accordance with the European regulation on the protection of personal data. For public health purposes it may be necessary for your medical case, along with a number of similar cases, to be published in a scientific peer-reviewed journal. This will be done in a way that will keep your clinical data anonymous, and make identifying you as a person impossible. Your consent is mandatory before we can share any data concerning you.

(CONSENT FORM ON OTHER SIDE)



PATIENT CONSENT FORM

Full name¹: _____

(Choose an option you agree with)

I authorize the physician indicated below to report my clinical case on the OccWatch platform.

I authorize the OccWatch members to publish my case report in a peer-reviewed medical journal.

I understand that:

(1) neither my name nor any data concerning my identity will be published and that the clinical case report will endeavor to ensure my full anonymity. However, I understand that full anonymity cannot be entirely guaranteed as I could be recognized based solely on the case report itself.

(2) I can withdraw my consent at any time prior to final approval for publication of the case report containing medical data concerning me. However, once the case report has been approved for publication in its final form, I will not be able to withdraw my consent.

(3) the published peer-reviewed article will be freely available on the Internet, and that the article may be reproduced on other websites and in other languages.

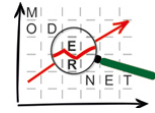
(4) while I will be provided the opportunity to read the article reporting my personal case prior to its publication, I will not receive any financial compensation from the publication.

Date: _____

Signature: _____

If you are giving your consent on behalf of another person, what is your relationship to that person?

¹ NAME OF PATIENT / PARENT / GUARDIAN / RELATIVE. In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 16, consent should be given by a parent or guardian.



PHYSICIAN'S IDENTIFICATION

Full Name: _____

Date: _____

Signature: _____