**<Note to case report challenge participant: This “Healthcare Professional Consent Form” is to be sent together with your case report submission. Please delete this liner before using>**

**Healthcare Professional Consent Form**

I, **[Insert name]**, hereby consent that St Luke’s hospital and Coloplast may freely use the information and photos in the case report submitted,including St Luke’s hospital and Coloplast hosted websites.

If relevant I accept to publish the case report (e.g. as poster or in journals).

I confirm to have the necessary approvals from the healthcare facility to perform and publish the case report.

I confirm to have received a signed consent form from the patient, accepting the use of anonymous information and photos collected. The patient was able to withdraw the consent form at any time during the treatment period without any consequences for future treatment.

Date \_\_\_/\_\_\_ /\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_