



## INTERNATIONAL CONFERENCE OF SURGERY AND INNOVATION

### SCIENTIFIC CASE REPORT DISCLOSURE AND DATA PROCESSING CONSENT AGREEMENT

*(In accordance with Regulation (EU) 2016/679 – GDPR)*

---

**Institution:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Title of Case Report:**

---

**Authors of the Case Report:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **1. Purpose of Data Processing and Scientific Disclosure**

**This consent is requested for the lawful and ethical processing and scientific dissemination of the patient's medical data in the form of a Case Report.**

**The data will be used for:**

- Submission and presentation at the International Conference of Surgery and Innovation;
- Publication in the official conference proceedings book (print and/or electronic format);
- Possible indexing, archiving, and academic dissemination through scientific databases or affiliated publications, as required by conference regulations.

The processing of medical data is carried out:

- In accordance with Regulation (EU) 2016/679 (General Data Protection Regulation – GDPR);
- Based on the explicit consent of the data subject (Article 6(1)(a) and Article 9(2)(a) GDPR);
- For scientific and academic reporting purposes, as recognized under Article 89 GDPR regarding processing for scientific research purposes.

The patient's data will be anonymized prior to publication. No direct identifiers will be disclosed.

## **2. What Information May Be Used**

The following medical information may be included:

- Medical history and clinical findings
- Imaging studies (CT, MRI, X-ray, Ultrasound)
- Laboratory results
- Surgical findings
- Histopathology results
- Clinical photographs (if applicable)
- Treatment details and outcomes

## **3. Confidentiality and Data Protection**

The medical data will be anonymized before presentation or publication.

All reasonable measures will be taken to protect the identity of the patient.

Your data are processed based on your explicit consent, in accordance with Articles 6 and 9 of the GDPR.

#### 4. Patient Consent Declaration

I confirm that:

- I have read and understood this document.
- I had the opportunity to ask questions.
- I voluntarily agree to the use of my patients anonymized medical data for scientific presentation and publication.

#### 6. Medical Team Confirmation

##### Responsible Physician (Supervisor)

I confirm that I have been informed about the preparation of this Case Report and the intention to use anonymized patient data for scientific presentation and publication within the International Conference of Surgery and Innovation proceedings.

I hereby approve and authorize the use of the relevant anonymized clinical data from the institutional patient database for this specific scientific purpose, in accordance with applicable legal, ethical, and GDPR regulations.

Name : \_\_\_\_\_

Academic Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_

**First Author (Student):** Dr./Mr./Ms.

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_