CONSENT FORM FOR CASE REPORTS

Title of article: Prolonged Survival in Pediatric Diffuse Intrinsic Pontine Glioma Following Intensity-Modulated Radiation Therapy: A Case Report

Corresponding author: Dr. Jaishriram Rathored

I **Rakesh Agade** give my consent for this information about MY CHILD **Jitendra Rakesh Agade,** relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child's name/relatives 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/my child/relative, if I was in hospital, or a relative - 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: _____

Date: 01/02/2023

Signature of requesting medical practitioner/health care worker:

Date: 1/2/23