Written Informed Consent Form
for Participation in a Case Report Study

Case Report Title:
Principal Investigator Name:
Affiliation:
Contact Information:

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1. Introduction

You are invited to participate in a case report study conducted at the Mycetoma Research Centre (MRC) at the University of Khartoum. Before deciding whether to take part, please read the following information carefully. If anything is unclear, please feel free to ask the research team for more explanation.

Your participation is voluntary.

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2. Purpose of the Study

The purpose of this case report is to describe and document your clinical condition, diagnostic findings, treatment course, and outcomes related to mycetoma. The information gathered will contribute to improving clinical knowledge, enhancing patient care, and guiding future research in mycetoma.

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3. Procedures

If you agree to participate:

- Your medical history, clinical findings, laboratory results, radiological images, and treatment details may be collected and reviewed.

- Photographs of the affected limb or lesion may be taken, with your permission.
- Information will be used solely for scientific and educational purposes, including publication in medical journals or presentations at conferences.
- No additional procedures will be performed beyond those required for your medical care.

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4. Risks and Discomforts

Participation in this study involves **no physical risk**, as no extra medical interventions will be conducted.

However, you may feel uncomfortable knowing that your medical information will be published, even though all identifying details will be removed. You may refuse to allow photographs or any specific data to be used.

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5. Benefits

You will not receive direct personal benefit from participating.

However, your contribution will help improve understanding, diagnosis, treatment, and prevention strategies for mycetoma, potentially benefiting other patients in the future.

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6. Confidentiality

- Your identity will be **kept strictly confidential**.
- Your name, address, telephone number, or any identifying information will **not** appear in the case report or any publication.
- Data will be coded and stored securely at the Mycetoma Research Center.
- Only the research team will have access to your personal information.

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7. Voluntary Participation and Withdrawal

Your participation is entirely voluntary.

You may choose:

- Not to participate, or
- To withdraw at any time without giving a reason.

Your decision will **not** affect the quality of medical care you receive at the Mycetoma Research Center.

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8. Use of Photographs (If Applicable)

Please choose one option:

- ☐ **I agree** to allow clinical photographs of my lesion to be used for scientific publication, provided my identity is not revealed.
- ☐ **I do NOT agree** to the use of clinical photographs.

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9. Consent Statement

I have read (or have had read to me) the information provided above. I have had the opportunity to ask questions, and they were answered clearly. I voluntarily agree to participate in this case report study.

Participant's Information

Participant Name: _____

Hospital/Clinic Number: _____

Signature or Thumbprint: _____

Date: _____

For Guardian (If Participant is a Minor or Unable to Consent)

Guardian Name: _____

Relationship to Patient: _____

Signature/Thumbprint: _____

Date: _____

Researcher/Clinician Statement

I confirm that I have explained the study to the participant (or guardian), answered all questions, and obtained informed consent.

Name of Investigator/Clinician: _____

Signature: _____

Date: _____