



## POSSUMweb IMAGE CONSENT FORM 2018

Type of clinical photography

Prints     Slides     Digital     Video

Number of images \_\_\_\_\_

Date taken \_\_\_\_\_

### PATIENT CONSENT

**Name or identification number of patient** .....

*Your health professional is required to provide you with information about the reason for, and the uses of, the proposed clinical photography. It is your responsibility to raise concerns with or seek further information from your health professional prior to agreeing to clinical photography or video recording.*

I, \_\_\_\_\_ hereby consent to clinical  
given names surname  
 photographs and/or video images to be made of me/my child. I agree that the images may be used in the POSSUMweb database for:

**Diagnosis, Education, Training and Research**– the images will be used in the POSSUMweb database, and may also be used for teaching purposes and viewed by health professionals. Images will not be used with identifying information.

**POSSUMweb** is a software tool that helps clinical geneticists diagnose syndromes in their patients. It may also be used to teach doctors and students training in genetics. The data and images are accessed over the internet, but only clinicians who have been approved to use this software can access it, using a unique username and password. The database contains information on over 4000 syndromes, including multiple malformation syndromes, chromosomal abnormalities and skeletal dysplasias. It has links to other useful databases and references.

Doctors worldwide use POSSUMweb to help them make diagnoses in their patients, and to help them treat their patients. Many syndromes are very rare, and POSSUMweb gives doctors the opportunity to compare many rare syndromes with their own cases.

The POSSUMweb team is grateful to doctors and families worldwide for their assistance in collecting the best possible information and pictures for the syndromes described.

**Signature of Patient:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_  
 (Parent, guardian or person responsible for the patient)

**Date:** \_\_\_\_\_

<b>Clinician name:</b>	<b>Clinic:</b>
<b>Signature:</b>	<b>Date:</b>