DISSENT FORM TO PRESENT MY CASE AT THE TUMOUR BOARD

MULTIDISCIPLINARY CONSULTATION MEETING

(RÉUNION DE CONCERTATION PLURIDISCIPLINAIRE, RCP)

Please fill-in the fields and check the boxes below

☐ Mrs ☐ Ms ☐ Mr

First Name

Family Name (Surname)

Date of birth

Day Month Year

Social Security Number (Matricule)

Year Month Day

☐ I am opposed to the submission of my medical case to the Tumour Board (Multidisciplinary Consultation Meeting).

After having read the information sheet concerning the Tumour Board, I understand that my refusal could hinder the exchange and sharing of information related to my disease between different healthcare professionals providing my medical care. I understand that my refusal does not affect my right to receive appropriate healthcare.

My decision has taken by me freely without being pressured by the people in my entourage or by the healthcare professionals providing medical care.

My comments:

Place _____ Date _____

Patient's signature _____ Refusal collected by _____

Signature and stamp of the healthcare professional

Plan Cancer Lux

LE GOUVERNEMENT DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé
Direction de la santé