



Consent Form

Contact Details

Title: _____ First Name: _____ Last Name: _____

Date of Birth: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____

Email Address: _____

Referring Doctor Details

(Please hand the request or referral to the Melanographer at the start of your appointment if you have one)

Referring Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail Address: _____

Nominated Doctor's Details

(This is the name of a doctor you want to receive a copy of your report)

Nominated Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail Address: _____

- √ I understand that I am free to choose any physician to review and assess the information obtained by the MoleSafe imaging. I further understand that, based on the information provided to me as a result of the MoleSafe assessment, it is my responsibility to seek the services of my personal physician for any follow up care and treatment that might be necessary. I understand that I will need to address any questions and concerns that I may have regarding my MoleSafe results with my personal physician.
- √ I understand that I am responsible for all charges for services, and I authorize a charge to the credit card I may have presented to MoleSafe in payment for services. I further understand that should my account become delinquent for any reason and becomes necessary for MoleSafe to involve an attorney or collection agency, I will pay collection expenses, including attorneys' fees. I understand the charges for MoleSafe imaging service may not be covered by any medical insurance.
- √ By signing this consent form, I acknowledge that I have read the entire form, I understand the contents of the form, and have had any questions answered to my satisfaction.

Signature: _____ **Date:** _____

Use of data consent – Please check off one of the boxes below and provide your signature to either provide or deny consent to the use of your MoleSafe images and clinical information for research studies

YES, I agree that the information collected from me, the MoleSafe images of me, and relevant clinical information such as the pathology reports of my skin biopsies may be used for research that will improve the early detection and treatment of melanoma, and for the education of medical personnel providing that the use of the information or display of the images will not cause me to be personally identified in any way.

NO, I do not agree to allow the use of my collected medical information, MoleSafe images, and relevant clinical information, such as pathology reports, to be used for research and/or educational purposes.

Signature: _____ **Date:** _____

MoleSafe specific lesion consent – (Only applies to specific lesion assessment)

I understand that the diagnosis provided to me is limited only to the specific lesions imaged and that no information regarding lesions at other sites on my body has been offered. I have been advised that as melanoma can arise on any part of my body, a full body skin check must be performed for melanoma detection at other sites. Detection at other sites will not be a benefit or result of this limited imaging.

Signature: _____ **Date:** _____