

APR 12 2011

UW

International Registry of Werner Syndrome

Consent for the Use of Identifiable Photographs

By my signature below, I hereby grant permission for the use of identifiable photographs of

(Name)

for the following purposes.

- | | | |
|--|--------|-------|
| 1) Scientific publications and presentations | Yes___ | No___ |
| 2) Scientific and medical education | Yes___ | No___ |
| 3) Broad Publicly Available Media | Yes___ | No___ |
| Newspapers | | |
| Television | | |
| Film | | |
| Magazines | | |
| Websites | | |

I understand that the photographs will not be used for other purposes.

Identity of the individual would not be described, but features may be recognizable to someone familiar with the individual.

I understand that I have the right to request no further usage of the photographs by contacting the following individual.

Junko Oshima, MD, PhD
Research Associate Professor
Department of Pathology
University of Washington
Box 357470
Seattle, WA 98195-7470
USA

Phone: (206) 685-2719
Fax: (206) 685-8356
picard@uw.edu

Signature/Next of kin/Guardian's signature

Date

Relationship (if signed by next of kin or guardian)

Revised: 04/2011

APPROVED

APR 27 2011

UW Human Subjects
Review Committee