

Patient Details and/or Images

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Patient/representative details

Patient name: ANTONIA SAVINO

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

Article details

Article title: COMMUNITY PHARMACY AS A STUDY CENTER FOR THE EPIDEMIOLOGICAL COLLECTION AND ANALYSIS OF THE POPULATION VACCINATION AGAINST SARS-COV2 REGULATORY RULES AND PRESCRIPTIONS.

Journal: VACCINES

Authors: JACOPO RAFFAELE DIBENEDETTI, MICHELA CETRONE, MARINA ANTONACCI, DOMENICO FIOCANONE, STEFANIA ANTONACCI, PASQUALE BRATTA, FRANCESCO LEONETTI, DOMENICO TRICARICO

Declaration by patient or their representative

I, the patient named above or the patient's representative, have read the abovenamed article in full (including text, figures, and supplementary material) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the patient) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.

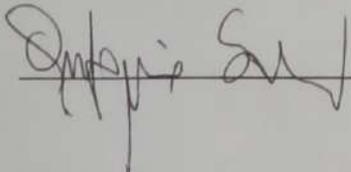
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Patient and/or representative signature(s):

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Place, date:

11.10.2023

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Patient/representative details

Patient name: BARI ANA MARIA

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

Article details

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Journal: VACCINES REGULATORY RULES AND PRESCRIPTIONS

Authors: JACOPO RAFFAELE DIBENEDETTO, MICHELA CETRONE, MARINA ANTONACCI, DOMENICO FIO CANNONE, STEFANIA ANTONACCI, PASQUALE BRATA FRANCESCO LEONETTI, DOMENICO TRIGARICO

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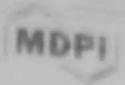
Patient and/or representative signature(s):

Boni Awa Maria

Place, date:

11-10-2023

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Patient/representative details

Patient name: ARIANNA FUSILLO

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

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Journal: VACCINES

Authors: JACOPO RAFFAELE DIBENEDETTI, MICHELA CETRONE, MARINA ANTONACCI, DOMENICO PIO CANNONE, STEFANIA ANTONACCI, PASQUALE BRATA, FRANCESCO LEONETTI, DOMENICO TRICARICO

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Patient and/or representative signature(s):

Arana G. [Signature]

Place, date:

11-10-2023

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Patient/representative details

Patient name: BORGIA ANGELO ZUJA OLIMPIA

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

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Authors: JACOPO RAFFAELI DIBENEDETTI, MICHELA CETRONE MARINA ANTONACCI, DOMENICO PIO CANNONE, STEFANIA ANTONACCI, PASQUALE BRATA, FRANCESCO LEONETTI, DOMENICO TRICARICO

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I understand that I/the patient will receive no financial benefit or compensation from publication of the article.

Patient and/or representative signature(s):

Bonita Angela Rosa Olimpia

Place, date:

11.10.2013

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Patient/representative details

Patient name: DILILLO DE TANIRA

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

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Patient and/or representative signature(s):

Stephanie Wilk

Place, date:

11.10.2023