All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form.

Participant Name: Self Nickles

Project Title: 10061 - Lynph woof EXAM

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

| at _ | Tuftes Medical Center | on 16/29/15 |
|------|-----------------------|-------------|
| | (Recording Location) | (Date) |

Date: ____/___

| All participants in a JoVE as lab/graduate assistants | filming who are not lis or patients must fill o | ted authors on the project manuscript, such out this form. |
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| Participant Name: | olly Walln | er |
| Project Title: 10148 | EAR- OTOSC | DA- EXAM |
| the use (full or in part) of | all videotapes taken of in whole or in part, of | further consideration or compensation to f me and/or recordings made of my voice such recordings or musical performance for oution in any manner. |
| at TUFTS MFDICA | LCTR | on 10/29/15 |
| (Recording Locatio | n) | (Date) |
| By: <u>Aaron Kolski-Andreac</u> | o For: j | The Journal of Visualized Experiments (JoVE) |
| (Producer) | | (Producing Organization) |
| Participant Signature Naddress 75 3 State NA Date: 1214/15 | urbankst.# | 301city Boston |
| If the subject is a minor u is done: | nder the laws of the st | ate where modeling, acting, or performing |
| Legal guardian | | |
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All participants in a JoVE filming who are not listed authors on the project manuscript, such as lab/graduate assistants or patients must fill out this form. Project Title: 10152 - SINUL, NOSE, THROAF EXAM I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner. at TUFTS MADICAL CTR on 12/8/15 (Recording Location) (Date) By: Aaron Kolski-Andreaco For: The Journal of Visualized Experiments (JoVE) (Producer) (Producing Organization) Participant Signature Melinda Wallney Address 75 Burbank St. #30/city Boston State MA Zip code D2115 Date: 12/08/2015 If the subject is a minor under the laws of the state where modeling, acting, or performing is done: Legal guardian _____ (Signature) (Printed name) Address _____ City ____ State _____ Zip Code _____

Date: ___/ /

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| Participant Name: MOLLY WA | WAR | | |
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| Project Title: 10146 - 0/1417 | HALMOSLOPIC EXAM | | |
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| By: Aaron Kolski-Andreaco | For: The Journal of Visualized Experiments (JoVE) | | |
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| Participant Name: Molly WA | HATI | | | |
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| Participant Name: Molly Wa | EX A-/7 | | | |
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| By: Aaron Kolski-Andreaco | For: The Journal of Visualized Experiments (JoVE) | | | |
| (Producer) | (Producing Organization) | | | |
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| Participant Signature | a Wallher City_BosTos | | | |
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| State Zip code | | | | |
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| If the subject is a minor under the laws o is done: | f the state where modeling, acting, or performing | | | |
| Legal guardian | | | | |
| (Signature) | (Printed name) | | | |
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