

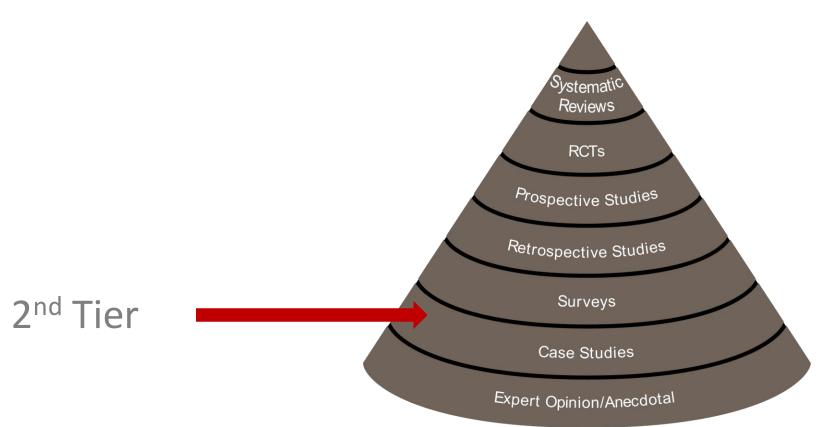


# How to Create the Perfect Case Study





# Clinical Evidence Hierarchy







#### Case Studies

#### Strengths

Easy to collect

Documents a patient outcome

Pictures say a thousand words

First step in building evidence

#### Limitations

Is a "cherry picked" outcome
No control comparison
May not be representative of typical
experience





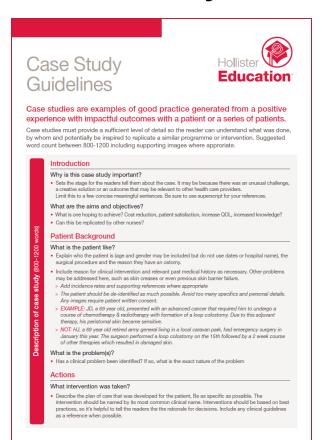


What tools do we have to help create the perfect case study?





# Case Study Guidelines









# Photography Guidelines









### Consent Release Form

#### Consent agreement and permanent release of rights

This Consent Agreement and Permanent Release of Rights (this "Agreement") is between the undersigned individual (the "Subject") and the undersigned nurse (the "Nurse").

- 1. Subject to Section 2 below, the Subject hereby irrevocably gives the Nurse and Holister Incorporated, an Illinois corporation ("Hollister") the right and his/her permission to reproduce or otherwise use the Subject's quotations, audio recordings, and/or photographic images or likenesses (collective)t, the "Material") for (i) health education purposes; including in connection with aducational teaching and any research papers or case studies which the Nurse may prepare and (ii) commercial and other for-profit purposes, including marketing. The Subject understands that the Material may be used in conjunction with other photographs, drawings, videotape images, sound recordings, or other forms of illustration. The Subject further understands that the Nurse may provide her research findings or case studies, including the Material, to one or more institutions (including Houling Houling the Material, to one or more institutions (including Houling Houling
- 2. The Nurse understands that the Subject's privacy is important and agrees that he/she shall not provide or disclose any of the Subject's identifying information (including name, hospital identification number, and photographic images or likenesses of the Subject's face) in any Materials to any third party (including Hollister) or use such information in any research papers or case studies that he/she is preparing.
- The Subject confirms that the purpose for which the Material may be used has been explained to him/her in terms which he/she has understood. The Subject understands that refusal to consent will in no way affect his/her medical care.
- 4. This authorization is ongoing and without limitation or restriction to time.

THE NURSE	THE SUBJECT
Signature of the Nurse	Signature of person granting consent (Subject, parent or legal guardian)
Print Name	Print Name
Address of Institution	Address
Address of Institution (continued)	Address (continued)
Business Telephone/Email Address	Telephone/Email Address
Date: / /	Date: / /

XX Hollister.





, ("Individual") hereby irrevocably grant Hollister Incorporated, an Illinois corporation, and its subsidiaries, affiliates, and their employees and agents (collectively "Hollister") the right and permission to reproduce or otherwise use my quotations, statements and or photographic images or likenesses (collectively, the "Data") world-wide in a manner that does not provide or disclose my personally identifying information (such as my name or images or likenesses of my face) for (i) Hollister's health education purposes, including in connection with educational teaching and any research papers or case studies which Hollister may prepare or have prepared, and (ii) Hollister's commercial and other for-profit purposes, including marketing. I understand that my Data may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration. I understand that research findings or case studies, including my Data, may be published (including electronically) and, as a result, there is a chance that my Data may be seen or accessed by the general public worldwide. I represent and warrant that the Data is true and correct. I hereby relinquish all rights, title and interest, in and to any material that may be created or used in connection with my Data. I hereby waive any and all rights to payment or compensation, now and in the future, from Hollister for use of my Data as provided herein or for any material that may be created or used in connection with my Data. I hereby release and hold harmless Hollister from liability in the event my Data is used as provided herein.

Date

This authorization is ongoing and without limitation or restriction to time.

In	Individual	
Signature of Individual (or parent or legal guardia if person is under age to legally contract).		
Pri	nted name of person granting consent	
Ad	dress	
Cit	y, State, Country	
	/ /	



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# Case Study Development Process

