

IJN Clinical Ethics Consult Service
Part (B) - Reply Form

Dear Dr. / Mr. / Ms.

Thank you for the referring,

Summary of our findings:

a) Diagnosis

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b) Ethical Issue

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Our Recommendations:

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Signature : _____

Name : _____

Date & Time : _____ & _____

Chairperson, Clinical Ethics Consultation Service

Institut Jantung Negara