

Supplementary Material

Macroscopic and dermoscopic evaluation used to differentiate subungual haemorrhage from melanocytic lesions

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File S1. MoleMap Virtual Lesion Clinic Patient Consent Form

MoleMap Virtual Lesion Clinic Patient Consent Form

Your Contact Details

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ NHI: _____

Address: _____

Suburb: _____ City: _____ Postcode: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email Address: _____

Referring Doctor Details

Referring Doctor's Name: _____

Address: _____

Suburb: _____ Postcode: _____ Phone: _____

Consultation type requested today

(Please choose one. If unsure please discuss with the Melanographer)

- Specific lesion assessment (Maximum 5 lesions)
- Follow-up specific lesion assessment 3 month 6 month 12 month

MoleMap Virtual Lesion Clinic Consent Form

Mandatory Items

The following items must be understood and agreed to, as indicated by your signature, for a MoleMap teledermoscopy assessment to be conducted:

- I consent to having a teledermoscopy assessment and imaging of my skin.
- I understand that the diagnosis provided to me is limited only to the specific lesions imaged and that no information regarding lesions at other sites on my body has been offered. I have been advised that as melanoma can arise on any part of the body, a full body skin check must be performed for melanoma detection at other sites.
- I understand that the teledermoscopy method and technology are offered by MoleMap as a diagnostic aid for the identification of skin cancer, but that no method of assessment can provide a 100% guarantee of detection of skin cancer.
- I understand that copies of my electronic files, including all images and data, will be stored on a secure encrypted database and will remain completely confidential to the teledermoscopy provider and its personnel.
- I understand that the dermatologist's report which may include images of my body will be forwarded to me and my GP and/or nominated doctor by ordinary mail services or electronic mail, unless I request otherwise.
- I agree to MoleMap obtaining further information from any doctor or pathology provider that relates to the lesions assessed.

Patient Signature: _____

Date: _____

Use of Data Consent - Please strike a line through the statement, if you do not consent to the following.

- I agree that the information collected from me, and the teledermoscopy images of me may be used for research that will improve the early detection and treatment of melanoma, and for the education of medical personnel providing that the use of the information or display of the images will not cause me to be personally identified in any way.