

知情同意书

患者姓名：

监护人或直系亲属姓名（如患者无法签署）：

拟发表文章题目： Myocarditis as an extraintestinal manifestation of ulcerative colitis: A case report and literature review

我 （正楷书写全名）同意关于我/患者的相关病情进行发表

我确认

☒ 已看到关于我/患者的病情文字描述及影像

☒ 已阅读并了解了待发表的文章内容

☐ 在法律上有权予以同意

我明白以下内容：

1. 材料出版时会尽量匿名，但是我明白，不能保证材料完全匿名，因为有可能某知情人可能会认出我/患者。
2. 材料可能会显示我的/患者的医疗状况以及我/患者现有的、已有的或将来会有的任何预后、治疗或手术的相关详细信息。
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4. 我可以在出版前任何时候撤销我的同意，但一旦文章已经准备好出版，则不可能撤销同意。

签名：

日期： 2021.10.12

Consent Form

Name of patient : [REDACTED]

Guardian or immediate relative: [REDACTED]

(if patient is not able to sign this form)

Provisional title of the manuscript : Myocarditis as an extraintestinal manifestation of ulcerative colitis: A case report and literature review

I, [REDACTED] [PRINT FULL NAME] give my consent for the image and /or relative information about me/the patient to publish.

I confirm that I: (please tick boxes to confirm)

- ☒ have seen the text and image about me/the patient
- ☒ have read and understand the content of the article to be submitted
- ☒ am legally entitled to give this consent

I understand the following:

1. The image and/or relative information will be published without my/the patient's name attached, however, I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere may recognize me/the patient.
2. The image and/or relative information may show details of my/the patient's medical condition and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
3. I/the patient will not receive any financial benefit from publication of the article.

4. I can revoke my consent at any time before publication, but once the article has been committed to publication (gone to press) it will not be possible to revoke the consent.

Signed :

A black rectangular redaction box covering the signature.

Date : 2021.10.12