

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: [REDACTED] Age (DOB): [REDACTED]

Regd.No: [REDACTED] Mobile no: [REDACTED]

Address: [REDACTED]

Description about Subject matter/ article: Case description.

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: Dr. S. Prakash

I [REDACTED] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

1. The Information will be published without my name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me, if I was in hospital, may identify me.
2. The Information may be published in a medical journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.
5. I will not receive any financial benefits from the publication of this case

Signed: [REDACTED] Date: 28/11/2019

Signature of medical practitioner or corresponding author: [Signature] date 18/11/19

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: _____ Age (DOB): _____
Regd.No: _____ Mobile no: _____
Address: B-_____
Description about Subject matter/ article: Case description, treatment
Title of article (provisional): Chronic serous sinusitis
Medical practitioner or corresponding author: Dr SANJAY PRAKASH

I _____ give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

1. The Information will be published without my name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me, if I was in hospital, may identify me.
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5. I will not receive any financial benefits from the publication of this case

Signed: _____ Date: _____

Signature of medical practitioner or corresponding author: _____ date 23/09/2018

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person

Age (DOB):

Regd.No:

Mobile no

Address:

Description about Subject matter/ article:

Title of article (provisional):

Medical practitioner or corresponding author:

I give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

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5. I will not receive any financial benefits from the publication of this case

Signed

Date:

Signature of medical practitioner or corresponding author:

date

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: _____ Age (DOB): _____
Regd.No: _____ Mobile no: _____
Address: _____
Description about Subject matter/ article: Case description, Management
Title of article (provisional): Chronic Serpentine Syndrome
Medical practitioner or corresponding author: Dr. S. Prakash

I _____ give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

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5. I will not receive any financial benefits from the publication of this case

Signed _____ Date: 17/3/20

Signature of medical practitioner or corresponding author: [Signature] date 17/03/2020

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: [REDACTED] Age (DOB): [REDACTED]

Regd.No: [REDACTED] Mobile no: [REDACTED]

Address: [REDACTED]

Description about Subject matter/ article: Histary, treatment, Management

Title of article (provisional): Chouwe Serlonis Synd

Medical practitioner or corresponding author: SANTAY PRAKASH.

I [REDACTED] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

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5. I will not receive any financial benefits from the publication of this case

Signed: [REDACTED] Date: 20-06-19

Signature of medical practitioner or corresponding author: [Signature] date 20/06/2019

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person _____ Age (DOB): _____

Regd.No: _____ Mobile no _____

Address: 4 _____

Description about Subject matter/ article: Case description, Investigation, treatment

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: Sanjay Prakash.

I _____ give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

1. The Information will be published without my name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me, if I was in hospital, may identify me.
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5. I will not receive any financial benefits from the publication of this case

Signed: _____ Date: 17-11-19

Signature of medical practitioner or corresponding author: [Signature] date 17/11/2019

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: _____ Age (DOB): _____

Regd.No: _____ Mobile no: _____

Address: _____

Description about Subject matter/ article: Case history, Physical signs, Neurological

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: Sanjay Prakash.

I, _____ give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

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5. I will not receive any financial benefits from the publication of this case

Signed: _____ Date: 20/2/19

Signature of medical practitioner or corresponding author: D date 20/2/2019

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: _____ Age (DOB): _____
Regd.No: _____ Mobile no: _____
Address: _____
Description about Subject matter/ article: Case history Management
Title of article (provisional): Chronic Serotonin Syndrome
Medical practitioner or corresponding author: Dr Sanjay Prakash

I, _____ give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

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3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.
5. I will not receive any financial benefits from the publication of this case

Sign: _____ Date: 24.04.2020

Signature of medical practitioner or corresponding author: _____ date 24/04/20

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: [REDACTED] Age (DOB): [REDACTED]

Regd.No: [REDACTED] Mobile no: [REDACTED]

Address: [REDACTED]

Description about Subject matter/ article: Case history Investigation, treatment

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: Dr S. Prakash

I [REDACTED] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

1. The Information will be published without my name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me, if I was in hospital, may identify me.
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4. I can withdraw my consent at any time before online publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.
5. I will not receive any financial benefits from the publication of this case

Signed: [REDACTED] Date: 22.4.20

Signature of medical practitioner or corresponding author: [Signature] date 22/04/2020

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: _____ Age (DOB): _____

Regd.No: _____ Mobile no: _____

Address: _____

Description about Subject matter/ article: Histology, Examination, treatment

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: SANJAY PRAKASH

I, _____ give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

1. The Information will be published without my name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me, if I was in hospital, may identify me.
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5. I will not receive any financial benefits from the publication of this case

Signed: _____ Date: 24.3.19

Signature of medical practitioner or corresponding author: [Signature] date 24/03/2019

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: [REDACTED]

Age (DOB): [REDACTED]

Regd.No: [REDACTED]

Mobile no [REDACTED]

Address: [REDACTED]

Description about Subject matter/ article: Case description, Investigation, Results

Title of article (provisional): Chronic Seizures Syndrome

Medical practitioner or corresponding author: Dr S. Prakash

I, [REDACTED] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

I understand the following:

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5. I will not receive any financial benefits from the publication of this case

Signed: [REDACTED] Date: 17/8/2019

Signature of medical practitioner or corresponding author: [Signature] date 17/8/2019

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: [REDACTED]

Age (DOB): [REDACTED]

Regd.No: [REDACTED]

Mobile no [REDACTED]

Address: [REDACTED]

Description about Subject matter/ article: Case report treated

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: Dr Sanjay Prakash

I [REDACTED] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

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5. I will not receive any financial benefits from the publication of this case

Signed [REDACTED]

Date: 27/06/20

Signature of medical practitioner or corresponding author: [Signature]

date 27/06/2020

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person: [REDACTED]

Age (DOB): [REDACTED]

Regd.No: [REDACTED]

Mobile no: [REDACTED]

Address: [REDACTED]

Description about Subject matter/ article: Case description, Marginal

Title of article (provisional): Chronic Serotonin Syndrome

Medical practitioner or corresponding author: Dr S. Prakash

I, [REDACTED] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

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Signed: [REDACTED]

Date: 23.4.2016

Signature of medical practitioner or corresponding author: [REDACTED]

date 23/04/2016

CONSENT FORM FOR CASE REPORT/CASE SERIES

For a patient's consent to publication of information about them in a medical journal.

Name of person

Age (DOB):

Regd.No:

Mobile no

Address:

Description about Subject matter/ article: Case history, History

Title of article (provisional): Chronic Serotonin Synd

Medical practitioner or corresponding author: Dr. S. Prakash

I [redacted] give my consent for this information about MYSELF relating to the subject matter above to appear in a medical journal article.

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Signed:

te:

24-01-20

Signature of medical practitioner or corresponding author:

[Signature]

date

24/01/2020