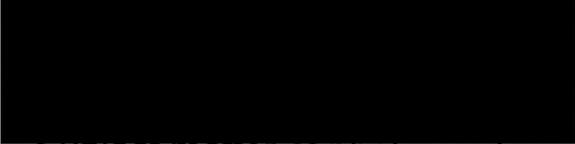


CONSENT FORM FOR CASE REPORTS

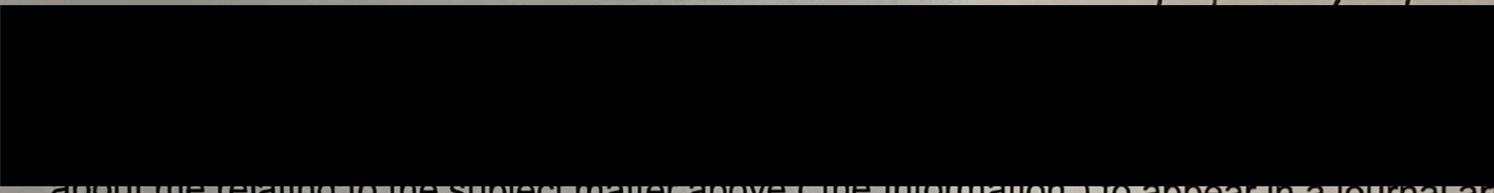
PLEASE PRINT LEGIBLY

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

 article or shown in photograph: _____

Subject matter of photograph or article: _____

Title of article: _____

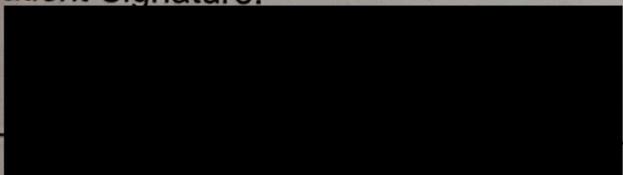
 for this information

about me relating to the subject matter above (the information) to appear in a journal article, or to be used for the purpose of a presentation.

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, or a relative - may identify me.
2. The Information may be published in a 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, including journalists.
3. The Information may be placed on a website.
4. I can withdraw my consent at any time before online publication by contacting the medical practitioner/corresponding author named on this form, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Patient Signature:



Date: ~~9-5-20~~ 7-25-20

Medical Practitioner/Corresponding Author Contact Information (print legibly):

Name: _____

Address: _____

Phone: _____

Signature of requesting medical practitioner/corresponding author:

_____ Date: _____

Medical Practitioner: Please provide copy of this form to patient.