

# CONSENT FORM FOR CASE REPORTS

**For a patient's consent to publication of information about them in a journal or thesis**

Name of person described in article or shown in photograph:

Subject matter of photograph or article: Clinical picture and imaging

Title of article: Subclinical ankle joint tuberculous arthritis: the role of scintigraphy

Medical practitioner or corresponding author: R. A. Primadhi

I  [insert full name] give my consent for this information about MYSELF ~~OR MY CHILD OR WARD OR MY RELATIVE~~ [insert full name]: \_\_\_\_\_, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The Information will be published without my name/child's name/relatives 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/my child/relative, 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, but once the Information has been committed to publication it will not be possible to withdraw the consent.

Signed: \_\_\_\_\_ Date: 20 December 2022

Signature of requesting medical practitioner/health care worker:

~~Date:~~ 20 December 2022

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