



Consent form

For a patient's consent to publication of images and/or information about them in scientific publications.

Name of patient: _____

Provisional title of article in which
Material will be included:

Rupture of The Long Head of The Biceps Brachii Tendon

Near the Musculotendinous Junction in A Young Patient:
A Case Report

CONSENT

I Schuyler Jiah Jia Le. [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in a publication.

I confirm that I have seen the photo, image, text or other materials about me and I am legally entitled to give this consent.

I understand the following:

- (1) The Material 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 - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The article may be published in a journal which is distributed worldwide. The publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the article will be placed on a internet website and may also be available on other websites.
- (5) The text of the article will be edited for style, grammar and consistency before publication.
- (6) I/the patient will not receive any financial benefit from publication of the article.



- (7) 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.

Please tick boxes to confirm the following:

- ☒ I consent to storing my contact details for the sole purpose of contacting me, if necessary, in the future.

Signed: _____

Print name: _____

Address: _____

Email address: _____

12899 _____

Telephone no: _____

Date: 09/05/19

Details of person who has explained and administered the form to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed: _____

Print name: LIU Xuan

Position: Singapore General Hospital

Address: 20 College Road, Department

Institution: Senior Resident

of Orthopaedic Surgery, Singapore

General Hospital 1698561

Email address: ERICLIUXUAN@SingHealth.com.sg Telephone no: 65-97208016

Date: 9/5/2019