

Consent form

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

Name of patient:



Relationship to patient (if patient not signing this form):

Description of the photo, image, text or other material (**Material**) about the patient. A copy of the Material must be attached to this form:

Case Report

Provisional title of article in which Material will be included:

Venous thromboembolism prophylaxis of a patient with MYH-9 related disease and COVID-19 infection.

CONSENT

I,  [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in a BMJ publication.

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

- ☒ have seen the photo, image, text or other material about me/the patient
- ☒ have read the article to be submitted to BMJ
- ☒ 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. BMJ's 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 BMJ 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) The article may also be used in full or in part in other publications and products published by BMJ and/or by other publishers. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by BMJ or other publishers now and in the future. The article may appear in local editions of journals or other publications, published in the UK and overseas.
- (8) 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.
- (9) This consent form will be retained securely and in confidence by BMJ in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with BMJ's Privacy Policy available at <https://www.bmj.com/company/your-privacy/>.

Please tick box to confirm the following:

- ☒ Where this consent relates to an article in *BMJ Case Reports*, I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

Signed: _____

Print name: _____

Address: _____

Email address: _____

Telephone no: _____

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).

Date: 5/11/22

- ☐ If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed.

If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications, they must also confirm their agreement:

Signed: _____

Print name: _____

Date of birth: _____

Date: _____

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: Michelle Hartzell DO

Print name: Michelle Hartzell DO

Position: Resident Physician

Address: One Medical Center Dr.

Institution: West Virginia University

PO Box 9168

Morgantown, WV 26506

Email address: michelle.hartzell@hsc.wvu.edu

Telephone no: 724-421-7528

Date: 5/19/21