CONSENT FORM FOR CASE REPORTS¹

For a patient's consent to publication of information about them in a journal, thesis or Poster presentation:

Name of person described in article or shown in photograph:
Subject matter of photograph or article:
Title of article:
Medical practitioner or corresponding author:
[insert full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/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 poster 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. No direct benefit will be received by participating in this case report. 5. 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:
Signature of requesting medical practitioner/health care worker: "I have carefully explained to the subject the nature of the above publication. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, involved in his/her participation and his/her signature is legally valid. A medical problem or language or educational barrier has not precluded this understanding".
Signed:Date:

¹ Adapted from *BMJ Case Reports* consent form. Version 06/05/2024