

CONSENT FORM FOR CASE REPORTS¹

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

I _____ [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 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 non-doctors.
3. 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:

_____, Date: _____

Please note that the journal (Aesculapius) does not collect signed consent forms as the receipt and storage of confidential patient information could violate the Health Insurance Portability and Accountability Act (HIPAA) of 1996 in the USA.

¹ Adapted from *BMJ Case Reports* consent form.