

Consent form

I _____ . [Name] give my consent for information about myself/my child or ward/my relative (circle as appropriate) to be published for educational purposes. If I am signing this consent for another person, that is because (check 1):

- they are a minor (not of the age of consent in the state where they reside)
- they are unable to consent for themselves and I have medical power of attorney for them
- they are no longer living.

Signing this consent form does not remove my rights to privacy. Although my name will not be published and every attempt will be made to remove any information that could identify me, it is not possible to guarantee complete anonymity, and someone may nevertheless be able to recognize me.

I understand that the text and any pictures or videos published in the article will be freely available on the internet for use in education of medical professionals and may also be seen by the general public. The pictures, videos and text may also appear on other websites or in print, may be translated into other languages, or used for commercial purposes.

I understand that neither I nor a person for whom I am signing can expect to derive any financial benefit from publication of the case.

I have been offered the opportunity to read the manuscript and understand I may revoke consent at any time before publication, but that once the case report is committed to publication (gone to press), my consent cannot be revoked.

Signed By:

Name _____ Date _____

Signature _____

For _____ (leave blank if signing for yourself)

Consent Obtained By:

Name _____ Date _____

Signature _____

Please keep this consent form in the patient's case files. The manuscript reporting this patient's details should state "Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/ relative of the patient. A copy of the consent form is available for review by the Editor of this journal."