[Template] Patient Consent Form for Case Report

This form is to confirm patient’s consent to publish a case-report of their clinical progress in a chosen journal. This consent includes publication of [insert details of results to be included eg: de-identified radiological images and blood results]

I am asking for your permission to allow Dr XXXX to use information about your medical progress in regards to your [insert condition, eg: transient primary hyperparathyroidism] to be documented in the form of a case report. This case report will allow your unique clinical presentation to be recorded and read by other health care professionals including your symptoms, examination, investigations and management. Your de-identified [results as per above eg: blood results and ultrasound image] are included in the report.

Please carefully read the summary of the case report and following consent information.

**Case Report**: TITLE.

**Author(s)**: Dr xxxx

[Name of Hospital] (may be printed on Stationary)

[address of Hospital] (may be printed on staionary

**Case summary**: [PROVIDE A SUMMARY OF THE MEDICAL CASE]

EXAMPLE: This report describes a rare case of transient primary hyperparathyroidism. Elevated parathyroid levels can have undesirable or harmful symptoms which can require surgical treatment. In some cases, surgery has been avoided with no harmful effects to the patient such as in this case where there is spontaneous remission of biochemical levels and clinical symptoms. Further documentation of cases allows for better understanding of transient hyperparathyroidism and considerations towards management. This case report describes a patient’s clinical progress with correlation to their biochemical studies and imaging studies. Patient anonymity has been respected – with de-identified biochemical results and a de-identified ultrasound image used in this report.

I understand and consent to the following conditions:

1. I have read the case report summary and understand the reason for the publication.
2. The information about my medical case will be published and all my personal details (such as name, date of birth) will remain anonymous. Whilst all endeavours are made to maintain anonymity, I understand that it cannot be guaranteed. I understand that those who have cared for me may recognise the contents of the publication are related to me.
3. This article will be edited by the publisher to meet publishing standards. This includes formatting, style, grammar, consistency and length.
4. This publication will be available to doctors and other health professionals. However, other people not in the medical field may have access to it.
5. This publication is made available on the journal website and is accessible worldwide.
6. This publication may be used in other publications or products of the journal, or other publishers to which the Journal has licenced its contents. This includes possible presentation or discussion of the case report at a conference.
7. The information herein this publication will be solely used to discuss the subject matter as described in the case report summary.
8. I will not directly benefit from consenting to this case report publication. There are no additional costs to me nor will I be compensated for participating.
9. I can withdraw my consent at any time, until publication has been approved after which, I may not withdraw my consent. If I have any questions, I may contact Dr xxx with the above contact details.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent for my information as described in the case summary (including eg: clinical progress, de-identified blood results and imaging) to be published in a chosen journal.

Signed:

Date:

**Investigator**

Name: Signed:

Date:

**Witness**

Name: Signed:

Date: