

PATIENT CONSENT FORM

The purpose of this form is to obtain consent to the publication of information about a patient in MedCrave Group LLC (**Journal Name**). It has been developed in line with the best practice guidance put forth by the Committee on Publication Ethics.1

Patient consent in relation to:

Title of manuscript: \_ (“Article”)

Journal:

\_ (“Journal name”)

I, the undersigned, give my consent for photograph(s) and/or case history (“Material”) to be published in the above Journal and Article.

I confirm that I have/have not seen [delete as appropriate] both the Material and the Article (as attached) to be published by MedCrave.

I have discussed this consent form with \_, who is an author of this paper, and I understand that all MedCrave journals may be online available to subscribers and sometimes a broader audience through marketing channels and other third parties. Therefore, anyone can read material published in the Journal. Readers may include not only doctors and researchers but also journalists and members of the public.

**Patient name** (please print)

**Signed by (name)** (please print)

NOTE: *If the patient is less than 18 years of age, this must be signed by their parent or legal guardian.*

NOTE: *If the patient is deceased, this must be signed by their next of kin.*

# Date \_

**Signed**

Relationship to patient, if applicable:

**Author name** (please print)

# Date \_

**Signed**

**Author: Please complete this form and obtain the patient’s signature, and keep a copy on record. The manuscript reporting the patient’s details should state that consent to publication was obtained from the patient, and uploaded with your manuscript when prompted by the journal submission requirements.**