

**CONSENT FOR PUBLICATION OF CASE STUDY REPORT**

*[Please replace blue italicized text with the relevant information and also remove this instruction]*

What is a Case Study Report?

A Case Study Report is a description and explanation of an individual patient’s medical diagnosis and treatment, considered to be of educational value for other health professionals. Reports are intended to be published or presented in forums aimed mainly at health care professionals (e.g. in a medical journal, thesis, or at a conference), although they are usually publicly available.

What is this Case Study Report about?

*[Briefly describe content, images. Note that if any new images are to be taken the* Consent to Photography XX280a *must also be completed]*

Where could this Case Study Report be published?

*[If known, include details - e.g. name of journal, title of article, forum of presentation]*

Will people who read the Case Study Report know who it is about?

The report will be published without the name of any patient and every attempt will be made not to include details that could identify who the report is about. However, complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after you/your child/relative, in hospital - may identify you/them.

*[If the person has the option of reading the manuscript before it is submitted for publication, please state this]*

Can you change your mind?

You can withdraw your consent at any time before the manuscript has been committed to publication, but thereafter *it will not be possible to withdraw your consent.*

**CONSENT**

This consent form should be signed by:

* the patient, if he/she has decision-making capacity to do so
* the patient’s parent or legal guardian, if the patient is under 18 years of age
* the patient’s Senior Available Next of Kin, if the patient has died.

Name of patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of patient, parent/guardian or Senior Available Next of Kin]

consent for information about me / the patient relating to the subject matter above, to be published in a journal article, or to be used for the purpose of a thesis or presentation.

Signature of patient, parent/guardian or Senior Available Next of Kin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ….. / ….. / …..

Relationship to patient (*if applicable*): parent/guardian/Senior Available Next of Kin

Interpreter used        □ Yes   □ No   □ N/A If yes, language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interpreter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Requesting Author:

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date ….. / ….. / …..

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation / Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approving Unit or Departmental Head:

*[Repeat this section for each unit or department. Note that ALL relevant heads must sign off.]*

I have reviewed and approve this Case Study Report.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ….. / ….. / …..

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation / Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_