



IJSS CASE REPORTS & REVIEWS

Consent Form

Patient's Name: _____

Title of article: _____

Corresponding author: _____

I, _____ give my consent for this information about

- Myself
- Child or Ward
- Relative

relating to the subject matter above ("the Information") to appear in the journal and associated publications.*

1. I have seen and read the material to be submitted to the journal. I understand the following:
The Information will be published without my name or any identity.
2. I understand, however, that complete anonymity cannot be guaranteed. It is possible that someone, somewhere – perhaps somebody who looked after me when I was in hospital or a relative may identify or recognize me.
3. The Information published in the journal is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including various researchers, journalists, etc
4. The published Information will be available on the journal website: www.ijss-sn.com
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Signature: _____ Date: _____