

Patient consent to publication form

(Version 1, 2023-10-08)

Patient consent for publication of their identifiable details in the Journal of Contemporary ISTDP.

Title of manuscript:

I, the undersigned, give my consent for the publication of identifiable details, which can include case history, transcript and/or details within the text to be published in the above Journal and Article. I confirm that I have seen and been given the opportunity to read the article to be published. I have discussed this consent form with _____, who is an author of this paper.

I understand that the Journal of Contemporary ISTDP is available in both print and on the internet, and will be available to a broader audience through marketing channels and other third parties. Therefore, anyone can read material published in the Journal. I understand that readers may include not only medical professionals and scholarly researchers but also journalists and general members of the public.

Please note: If the patient is a minor (i.e. less than 18 years of age), or is unable to provide informed consent for publication, this form must be signed by their parent or legal guardian.

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

Patient consent

Patient name: _____ (please print)

Form signed by: _____ (please print)

Date: _____

Signed: _____

Relationship to patient (if applicable): _____ (please print)

Publication author

Author name: _____ (please print)

Date: _____

Signed: _____

Instructions to Authors: Kindly fill out this form, secure the patient's signature, and retain a copy on record. In the manuscript that includes the patient's information, it should be mentioned that consent for publication was acquired. You may incorporate this template sentence where applicable: "Written consent for publication of their information was obtained from the patient/parent/guardian/next of kin." Please be prepared to provide the form to the journal editorial office if they request it.