**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. Scientists and doctors like to publish these as they can be educational for other health professionals. Reports are intended to be published or presented in ways 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 *must also be completed, use simple lay language and short sentences. Avoid jargon]*

**Where could this Case Study Report be published?**

*[If known, include details - e.g. name of journal, title of article, forum of presentation, allow for future conference presentations as required]*

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

The report will be published without you/your child’s name 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, or someone who knows you well - 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 after it is published you *will not be able 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 parent or legal guardian, if the patient has died.

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

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of patient, parent/guardian

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ….. / ….. / …..

Relationship to patient (*if applicable*): parent/guardian

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 (primary or current treating team HoD):

I have reviewed and approve this Case Study Report.

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

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