

**CONSENT FOR PUBLICATION OF CASE REPORT**

**Mater XXX Unit**

*Please replace italicised text with relevant information and remove this instruction.*

**What is a Case Report?**

A Case Report is a description and explanation of an individual patient’s medical diagnosis and treatment. It involves up-close, in-depth and detailed examination of a specific case and can be considered of educational value for other health professionals. Case Reports are usually published or presented in forums aimed mainly at health care professionals (e.g. medical journal, thesis, or at a conference), although they are usually publicly available.

**What is the purpose of this Case Report?**

*Provide details specific to the case report you are preparing.*

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

*If known, list anywhere you intend to publish this case report, including name of journal, title of article, forum of presentation.*

**Will people who read the Case Report know who it is about? How will my confidentiality be maintained?**

*This section should explain that the case report will be published without patient name, DOB etc. It should be noted that every attempt will be made to exclude details that could identify the participant. It should also explain that complete anonymity cannot be guaranteed and that it is possible that someone may identify the participant. This may be, for example, someone who looked after the participant in hospital. Some case reports involve patient photos, videos or recordings and participants should be aware of this. Below is an example of wording for this section which you can use and adapt to your case report:*

*This Case Report will be published without your name or date of birth. Every attempt will be made to exclude details that could identify you, however in some instances complete anonymity cannot be guaranteed and there is a possibility that someone may identify you. Below are some examples of ways that someone may be able to identify you in this Case Report:*

*Photo Applicable Not Applicable*

*Audio recording Applicable Not applicable*

*Video recording Applicable Not applicable*

**Do I have to take part in this Case Report?**

*It should be explained here that the participant can withdraw their consent at any time before the manuscript has been committed to publication, but thereafter it will not be possible to withdraw consent.*



**Consent Form**

**Declaration by Participant**

I have read the Consent for Publication of Case Report or someone has read it to me in a language that I understand.

I understand that information about me relating to the subject matter above may be published in a journal article or may be used for the purpose of a thesis or presentation.

I understand that every attempt will be made to exclude details that could identify me, however in some instances complete anonymity cannot be guaranteed, and there is a possibility that someone may identify me, as outlined in page 1 of this consent form.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I understand that I can withdraw consent for this case report before the manuscript has been published and this will not affect my relationship with those treating me.  This can be done verbally or in writing.

I freely agree to participate in this Case Report.

I understand that I will be given a signed copy of this document to keep.

*This consent form should be signed by:*

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

Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Delete if not applicable:*

Name of Parent/Guardian or Next of Kin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Delete if not applicable:*

Name of Interpreter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declaration by Researcher**

I have given a verbal explanation of the Case Report, and I believe that the participant has understood that explanation.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(please print)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_