



Consent form

This form should be used to obtain a patient's consent to the publication of the case report and any accompanying images at EMJ.

Corresponding author name	
Corresponding author email address	
Patient name	
Relationship to patient (if the patient is not the person signing the form, e.g., parent/next of kin)	
Provisional title of article that will include case history, genetic pedigrees, photos, imaging, or other potentially patient-identifying information	
Description of the material to be used in the manuscript, e.g., case history, medical photography, medical imaging, etc.	

CONSENT

I [NAME OF PATIENT/PARENT/GUARDIAN/NEXT OF KIN] give my consent to [NAME OF HEALTHCARE PROFESSIONAL] for the material* about me/the patient, including photographs, to appear in an EMJ case report article.

If the patient is deceased or does not have capacity to provide informed consent, consent may be given by the next of kin. For patients less than 18 years of age, consent should be provided by a parent or guardian and the child (where appropriate).

TO BE COMPLETED BY THE PATIENT OR THE NEXT OF KIN

I confirm that I: (please tick the boxes below to confirm)

- have seen the photo, image, text, or other material about me/the patient and give permission for the publication of this information by EMJ in all media and languages around the world.
- I am legally entitled to give this consent, and am aware that at any point up until publication, I have the right to withdraw my consent.

***Where 'material' refers to the content about the patient that is being used in the manuscript.**

I understand the following:

1. My/the patient's name will be removed from any published material, and the author and EMJ will strive to ensure that I/the patient remains anonymous. However, I understand that due to the nature of case reports, it is possible that someone could recognise me/the patient.
2. The material included in the case report may include or show details of my/the patient's injury, medical condition, or medical history, and include information on the diagnosis,



prognosis, and treatments that I/the patient has had or will receive in the future.

- 3. The article may be published online and/or in an eJournal and will be openly accessible and disseminated to subscribers across the globe. The intended audience is mainly healthcare professionals, but EMJ publications are open-access to students, academics, and members of the public.
- 4. I can withdraw my/the patient’s consent for publication at any point **prior** to publication, but understand that after publication, I/the patient can no longer withdraw consent.
- 5. I/the patient stand to gain no financial gain from the publication of the article.
- 6. This consent form will be kept securely at the treating institution. EMJ will not receive my/the patient’s consent form and trust authors to have obtained appropriate consent prior to manuscript submission.
- 7. In signing this form, I confirm that the above has been explained to me by
 [NAME OF
 HEALTHCARE PROFESSIONAL/INSTITUTION].

Signature of patient/parent/guardian/next of kin:

.....

Date (DD/MM/YYYY):

.....

If you are a parent/guardian/next of kin, please state your relationship to the patient below:

.....

TO BE COMPLETED BY THE RESPONSIBLE CLINICIAN

I confirm that the patient(s) detailed in this case report/case series, entitled
[.....
..... MANUSCRIPT TITLE]
has reviewed and agreed to the terms and conditions of the consent form provided by EMJ. If an alternative consent form has been used, I confirm that the form complies with specifications outlined in the Committee on Publication Ethics (COPE) guidelines. I confirm that I have received the signed consent form from the patient/parent/guardian/next of in and that this will be stored at the treating institution.

Signature of consenting healthcare professional:

.....

Date (DD/MM/YYYY):

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