



Consent Form for Case Report

For a patient's consent to publication of information about them or their relative in Saudi Journal of Medicine & Medical Sciences ("SJMMMS").

Name of patient: _____

Title of case report: _____

Manuscript number, if known: _____

Name of corresponding author: _____

I, _____ [Full Name], give my consent to use the information (including photographs) about MYSELF/MY CHILD OR WARD/MY RELATIVE** [circle correct description] to appear in SJMMMS and its associated publications.

***In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 18 years, consent should be given by a parent or a legal guardian.*

If Parent/Guardian/Next of kin, please state relationship to patient: _____

The material to be submitted to SJMMMS has been shown and explained to me.

I understand that:

- (1) SJMMMS is an open access journal and its contents are distributed and available worldwide under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License. Therefore, my information can be read and referred to by anyone around the world for free.
- (2) The information published would not contain my name and that SJMMMS will endeavor to ensure my anonymity. However, I understand that it is possible that somebody may recognize me from this case report.
- (3) The text of the case report will be edited for style, grammar, consistency and length.
- (4) I can change my decision to give consent at any time before the case report has been accepted for publication; however, once the case report has been accepted for publication, it will not be possible to revoke the consent.
- (5) I will not receive any financial benefit from publication of this case report.

By signing, I confirm that this consent form has been explained to me by _____

[Name of care provider or delegate]

Signature: _____

Date: _____

Signature of corresponding author: _____

Date: _____