

Patient Consent to Publication

Name of patient	
Name of the person who explains and administers the form	
Contact information (email/mobile phone) of the person who explains and administers the form	
If patient cannot sign*, name of the signer**	
If patient cannot sign*, relationship of the signer** with the patient	
If patient cannot sign*, reason why he/she cannot sign	

*Underage, deceased, mentally or physically impaired patients

**The signer may be a parent, guardian, or relative

I _____ [Name of the patient or signer] give my consent for clinical information about myself/my child/my ward/my relative (underline what fits) to be published by SEEd Medical Publishers.

I understand that:

- The publication will be used just in educational publications targeting healthcare professionals
- The name of the patient will not be published and the images will be properly cropped and modified in order to conceal the patient’s identity
- However, there is still a low probability that the patient may be identified by someone once the article is published
- The publication will be in open access and freely available, and therefore will be potentially accessible worldwide
- The article may be published in other ways (in print, presentations, websites, webinars, etc.), translated into other languages, or used for commercial purposes
- This consent may be revoked at any time before publication. However, after publication, it will be no longer revocable
- I will not derive any financial benefit from the publication of the case

I confirm that I have been offered the opportunity to read the manuscript and:

- I have seen the final version of the article
- I have seen a draft version of the article with all the pictures
- I have not seen the article

Signature of the patient or signer

Signature of the person administering the form