

Informed Consent Form

Publication of Identifiable Material in SPMI Case Reports Journal

For the patient's consent regarding the publication of their information in the SPMI Case Reports Journal.

Name of the person described in the article or shown in the photograph: _____

Subject of the photograph or article: _____

Title of the manuscript: _____

Corresponding author: _____

I, _____ [insert full name], give my consent for this information about MYSELF/MY CHILD OR WARD/RELATIVE [check the correct description], relating to the above-mentioned subject ("the subject"), to appear in the journal. I have seen and read the material to be submitted to the journal and understand the following:

1. The subject will be published without my name attached, and the journal will do its best to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed.
2. The subject may be published in the journal, which is distributed worldwide.
3. The subject will also be placed on the journal's website.
4. I will not be able to revoke my consent once the subject has been committed to publication.

Signed: _____

Date: _____, ____ of _____ of _____