

Sports Traumatology & Arthroscopy



INFORMED CONSENT FORM FOR CASE REPORTS

For a patient's consent to publication of information in Sport Traumatology and Arthroscopy

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

Subject matter of photograph or article:.....
.....
.....

Title of the case report:.....
.....
.....

Corresponding author name and surname:.....

I [insert patient's full name] give my consent for this information about MYSELF OR MY CHILD OR WARD/MY RELATIVE [insert full name]:, relating to the subject matter above ("the Information") to appear in a journal article, or to be used for the purpose of a thesis or presentation.

I understand the following:

1. The information will be published without my name/child/relative's name and every effort will be made to ensure anonymity. However, I understand that complete anonymity cannot be guaranteed. It is possible that someone somewhere - perhaps someone who has cared for me/my child/relative if I have been in hospital, or a relative - may identify me.
2. The information may be published in a journal that is read worldwide or in an online journal. Journals are aimed mainly at health professionals but may be seen by many non-doctors, including journalists.
3. The information may be posted on a website.
4. I can withdraw my consent at any time before online publication, but once the information has been committed to publication, it will not be possible to withdraw consent.

Signed: Date:

Signature of the corresponding author:

Name and Surname:

Signed: Date: