



Patient Consent Form for Case Report

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

Subject matter of photograph or article: _____

Title of article: _____

Corresponding author: _____

I _____ [insert full name] give my consent for this information about MYSELF/MY CHILD OR SPOUSE/MY RELATIVE [circle correct description] relating to the subject matter above (“the Information”) to appear in the journal.

I understand the following:

1. The text of the article will be edited for style, grammar, consistency, and length
2. The Information may be published in the journal, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.
3. The Information will also be placed on the journal website, <http://www.nepjoph.org.np>
4. The journal will not allow the Information to be used for advertising or packaging or to be used out of context.
5. I can revoke my consent at any time before publication, but once the Information has been committed to publication (“gone to press”) it will not be possible to revoke the consent.

Signed: _____

Date: _____