

Patient Consent Form



Oxford Medical Case Reports

Section 1: To be completed by the professional who will explain and administer the form to the patient or proxy:

Patient name: _____
This form has been explained and administered by: _____
Institution/hospital address: _____ _____
Title of the article: _____ _____
Corresponding author of the article: _____
Title of the Journal: _____
If section 2 will not be completed by the patient, please state the reason why they do not have legal, mental or physical capacity to consent to the publication of the material: _____ _____
<i>Examples: underage child, patient with cognitive or intellectual disabilities, deceased patient</i>
Other relevant information: _____
Signed: _____ (person explaining and administering the form)

Section 2: To be completed by the patient or a proxy (e.g. parent, guardian, or next of kin) if the patient is under age, deceased or deemed unfit to give legal consent:

I, _____ [full name], give my consent for the material presented about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct option] alongside this form to appear in the publication above and in related publications. It has been explained to me that the material has educational or scientific value and that publication may help to improve the care that others will receive in the future, however I/the patient will not receive any financial benefit.

I have had the opportunity to see and read the material (including the text and any other media – pictures, videos etc.) to be submitted for publication and understand that the final publication may differ in style, grammar, consistency and length.

I also understand:

1. Although the publication is primarily aimed at medical professionals and academic researchers, it will potentially be freely available to the general public anywhere in the world without time limit and may be used for commercial purposes.
2. Although my/the patient's name will not be attached and efforts will be made to protect anonymity, complete anonymity cannot be guaranteed, and it is possible somebody may recognise me from the information included in the article.
3. My consent and the material itself cannot be withdrawn after the material is approved for publication.
4. The material may be used in full or in part, in any format or may be translated or used in other publications or products derived from this publication by its original publisher and other publishers.

Signed: _____ (Patient or Proxy)

Date: _____

Completed consent forms are not to be submitted to the journal or the journal's publisher. The consent form should be made available to the Journal Editor only if specifically requested by the journal editor.