

## Journal of Medical Cases Updates Patient Consent Form

- For a patient's consent to publication of information about them or their relative in Journal of Medical Cases Updates ("JMC Updates").
- Informed consent form of case reports considered to be published in Journal of Medical Cases Updates ("JMC Updates").

### **Described patient in this paper;**

**Name - Surname:**

**Title of Case Reports:**

**Name of Corresponding Author:**

**I (Name - Surname):**

**Me and my relation (Name - Surname):**

*\*In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 18 years, consent should be given by a parent or a legal guardian.*

*\*Approve publishing of information about me in this scientific journal.*

## Journal of Medical Cases Updates Patient Consent Form

### I Informed and approved about this information;

1. JMC Updates is an open access journal and its contents are distributed and available worldwide under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License.
2. Therefore, my information can be read and referred to by anyone around the world for free.
3. This information can be published without name-surname.
4. This information can be published in digital form of "Journal of JMC Updates".
5. Before publishing I can disclaim my consent or permission, but after publishing I can not.
6. The text of the case report will be edited for style, grammar, consistency and length.
7. I will not receive any financial benefit from publication of this case report.

*By signing, I confirm that this consent form has been explained to me by \_\_\_\_\_ .  
[Name of care provider or delegate]*

**Name Surname:**

**Date:**

**Signature (Sign manually):**

**Name Surname:**

**Date:**

**Signature of Corresponding Author:**

### Informing Healthcare Professional

**Name-Surname**.....

**Signature**.....

**Date**.....