

Aegean Journal of Obstetrics and Gynecology Patient Consent Form

Patient consent in relation to:

Title of manuscript: _____

I hereby give my consent for images or other clinical information relating to my case to be reported in a medical publication.

I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity cannot be guaranteed.

I understand that the material may be published in a journal, Web site or other form of publication. As a result, I understand that the material may be seen by the general public.

I understand that the material may be included in medical books.

I have discussed this consent form with _____, who is an author of this paper, and I understand Aegean Journal of Obstetrics and Gynecology may be available on the internet, and will be available to subscribers and other third parties. Therefore, anyone can read material published in the Journal. Readers may include not only doctors and researchers but also journalists and members of the public.

Patient name _____

Date _____

Signed _____

NOTE: If the patient is less than 18 years of age, this must be signed by their parent or legal guardian.

NOTE: If the patient is deceased, this must be signed by their next of kin.

Author name _____

Date _____

Signed _____

Author: Please complete this form and obtain the patient's signature and keep a copy on record. The manuscript reporting the patient's details should state that consent to publication was obtained from the patient and uploaded with your manuscript when prompted by the journal submission requirements.