



Case Report Patient Consent Form
Al-Quds University – Deanship of Scientific Research

This form is used for patient's consent to publication his/her information about them in a scientific publication or a presentation in a scientific conference conducted by AQU researchers.

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

Relevancy to the patient if the patient is not the signer on this form: -----

Subject matter of photograph or article:-----

Corresponding author:-----

Title of the article:-----

Name of scientific publication or conference:-----

I _____ [insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above ("the Information") to appear in a scientific publication or presentation in a scientific conference.

I have seen and read the material to be submitted to the scientific journal or conference.

I understand the following:

(1) The Information will be published without my name attached and the authors will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - may identify me.

(2) The text of the article will be edited for style, grammar, consistency, and length

(3) The Information may be published as a news report in different print materials, which can be distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.

(4) The Information will also be placed on scientific websites which are visited by many users each month.

(5) *The Information may also be used in full or in part in other publications and products published by different scientific publishers to whom the current journal licenses its content. This includes publication in English and in translation, in print, in electronic formats, and in any other formats.

(6) Authors will guarantee, by agreeing with the publisher, that patient's information will not be used for advertising or packaging or to be used out of context (for example, a photograph will not be used to illustrate an article that is unrelated to the subject of the photograph.)

(7) 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: _____