Consent form for Case Report

For a patient’s consent to publication of Information about them in the Journal of Primary Health Care

Name of person described in article or shown in photograph:

Title of article:

Corresponding author:

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert name]

give my consent for Information about MYSELF/ MY CHILD OR WARD / MY RELATIVE [circle correct description] relating to appear in the article titled above, in the Journal of Primary Health Care.

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

I understand the following:

1. The Information will be published without my name attached and the Journal of Primary Health Care will make every attempt to ensure my anonymity. However, I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere may identify me.
2. The text of the article will be edited for style, grammar, consistency, and length
3. If published in the Journal of Primary Health Care the article will be published on the Journal’s website, and be available for anyone to read. The Journal is owned by the Royal New Zealand College of General Practitioners and Journal content is designed to be read by General Practitioners. Many other health practitioners and others, including journalists, may read it however.
4. The Royal New Zealand College of General Practitioners and CSIRO Publishing (the Journal Publisher) 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: