Author Confirmation of Patient Consent to Publication

I, ________________ [author name], confirm that I have obtained written consent from the patient/patient’s guardian/patient’s next of kin to publish ______________________________[article title].

I informed the patient of the following:

• Although the patient’s name will not be published, details of her case may mean that complete anonymity cannot be guaranteed.

• This article will be published in a medical journal, which is distributed electronically and on paper to doctors, nurses, and other medical personnel.

• The article, in whole or in part, may be available on websites accessible to members of the public.

• Nothing contained in the article will be used for commercial purposes or used out of context.

• The signed consent form will be retained by the corresponding author of the paper; copies will not be sent to anyone else involved in the publication or distribution of the article.

I will retain a signed copy of the patient consent form.

_______________________________  ______________________________
Author’s signature                Date