

PLEASE INDICATE THE APPROPRIATE PUBLICATION.



PATIENT CONSENT FORM

The purpose of this form is to obtain consent to the publication of information about a patient in an Anderson Publishing journal (*Applied Radiology*, *Applied Radiation Oncology*). It has been developed in line with the best practice guidance put forth by the Committee on Publication Ethics.¹

Name of person described in the article and/or shown in the photograph/video/multimedia/etc

Subject matter of photograph/images or article

Title of article

Corresponding author name and email address

Patient's full name

I,

give my consent for this information about MYSELF/MY CHILD OR MY RELATIVE [delete as appropriate] relating to the subject matter above ("the Information") to appear in the journal, associated publications or translations or those to whom the journal license its content. I have/have not seen [delete as appropriate] the material to be submitted to the journal.

I understand the following:

- (1). Use of this consent form does not waive your right to privacy. The Information will be published without your name attached and Anderson Publishing will make every attempt to ensure your anonymity. You should understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere — perhaps, for example, somebody who looked after you when in hospital or a relative — may identify you.
- (2). The text of the article will be edited for style, grammar, consistency, and length.
- (3). The Information may be published in the journal, which is online and freely accessible worldwide to both health professionals, journalists, the public and others. The material may subsequently be used in Microsoft PowerPoint or other presentations at seminars or conferences, etc.
- (4). You can revoke your 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.
- (5). Patients and their family should note, they cannot normally expect to derive any financial benefit from the publication of the case.

If there is any financial or material benefit, this should be explained here

- (6). If signing for a family or other group, I/we attest that all relevant members of the family or group have been informed.
- (7). An original of the signed form will be held at the treating institution and the authors may be required to prove that consent was obtained.
- (8). If proxy consent has been obtained, i.e., the patient doesn't have legal, mental or physical capacity to consent e.g. children, persons with cognitive or intellectual disabilities or deceased persons, then that should be explained here

If there is a proxy consent, that should be explained here

- (9). The author taking consent attests that the treatment of the patient was in line with the Declaration of Helsinki 2013 and was in line with institutional and nationally acceptable practice. The author attests that an informed consent process was followed when this form was completed, with the patient/relative given sufficient time to consider its implications and the permanency of publication.

Signed by patient/relative

Print name

Date

Signed by author taking consent

Print name

Date

Please note: While authors must confirm that the patient(s) involved in a case report or other relevant manuscript have provided informed written consent to publish their case information, the signed consent form should not be provided to AR or ARO due to HIPAA regulations and related privacy reasons. It should be retained and made available only if requested.

Reference

1. COPE. Journals' Best Practices for Ensuring Consent for Publishing Medical Case Reports [online]. Available at: <https://publicationethics.org/resources/guidelines/journals%E2%80%99-best-practices-ensuring-consent-publishing-medical-case-reports>