

Patient Consent Form for Articles Containing Patient Details and/or Images



This form provides consent for MDPI to publish details and/or images from patients. It must be completed prior to publication.

Consent Form Administrator (individual reporting the case, or another individual, for example, curators of disease registries, with the authority to obtain consent)

Administrator Name: _____

Administrator Signature: _____

Administrator Contact Information (e.g. email): _____

Patient/representative details

Patient name: _____

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

Please provide the statement to indicate that the individual or group do not have legal, mental, or physical capacity to consent and the reason why (e.g. underage children, persons with cognitive or intellectual disabilities, or deceased persons):

Article details

Article Title: _____

Journal: _____

Authors: _____

Declaration by patient or their representative

I, the patient named above or the patient's representative, have read the abovenamed article in full (including text, figures, and Supplementary Materials) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the patient) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.

I understand that the paper will be published online in open access format (using a creative commons CC BY 4.0 license, <http://creativecommons.org/licenses/by/4.0>), meaning that it can be downloaded, copied, and reused without limitation. This include any figures, tables, and supplementary data. The primary audience for the published paper will be healthcare professionals, research academics, and students from across the globe.

The final published version may differ from the one submitted to the journal due to minor revisions, changes to style, and reformatting. Publication in the journal mentioned above is not guaranteed, and it will take place at the discretion of the publisher and with permission of the Editor-in-Chief (or a qualified Editorial Board member) after a peer review process.

Signing this form does not remove my/the patient's statutory right to privacy. I understand that I may revoke consent at any point prior to publication, but after publication my consent can no longer be withdrawn.

I understand that I/the patient will receive no financial benefit or compensation from publication of the article.

Patient and/or representative signature(s):

Place and date:
