



Patient Consent for the Case Report

Title of manuscript: _____

Full author list: _____

Corresponding author name: _____ E-mail: _____ Phone: _____

This consent form is provided by the authors of the case report to the patient's own / guardian / relative, whose signature indicates knowledge and consent that this paper will be published in the Chinese Medical Sciences Journal with information about the patient.

I (_____) hereby consent to the publication in the above-mentioned journal and in the media associated with the journal, of information about me / my child / my relative (please check the correct description) related to the above subject (hereinafter referred to as "the information").

Please check whichever of the following applies.

- The author of the above article has provided me with a detailed description of the content of the article.
- I have read the relevant information submitted to the journal.

I fully understand and appreciate the following aspects:

1. My (or the patient's) privacy is fully protected in the article, and information relating to my (or the patient's) personal identity and personally identifiable photographs, images, and text will not be disclosed. I know and understand that despite this, my (or the patient's) close relatives or the healthcare team with whom I have contact may still be associated with me (or the patient) from the content of the article.
2. This information will be published on the journal website and related professional databases.
3. The information is published worldwide and the journal is intended primarily for health care professionals for academic communication, but the information may also be accessible to the public, including journalists, who are not physicians.
4. The journal will not use the information for commercial purposes such as advertising, packaging, or excerpts.
5. I am able to withdraw my consent at any time prior to publication. Once the information has been delivered for publication, this consent cannot be withdrawn.

Signature: _____ Relationship to patient: _____ Date: _____

Signature of author in charge: _____ Contact number: _____ Date: _____

(The following is blank)