

Informed Consent Form

If a written informed consent from a participant is necessary, the corresponding author has the responsibility of filling this form. If there was no such a case, please select "Not applicable" button.

Manuscript Title:

.....
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Corresponding author:..... Date..... Signature.....

Not applicable ☐

If it is necessary please fill the followings.

Patient holds the right to refuse to fill in this form. This will not effect the treatment patient will take in any way.

I hereby consent to permit all related images and information about my illness and myself as a patient to be published by Medicine Science.

By signing this document, I have been assured that images related to my person will not be openly published and my name or my initials will not be used albeit anonymously.

I also understand and consent to the condition that images, information, and documents related to my illness will be disseminated through This journal was formerly published as Medicine Science and on <http://www.medicinescience.org> the official website of the aforementioned journal, and that these documents will, therefore, be open to public.

Patient's Name-Surname

Patient's date of birth

Patient's or caretaker's signature

Date

If you have signed this document on behalf of the patient, please explain your relation to the patient below (e.g. parent, authorised heir, caretaker, guardian etc.)

Please explain why the patient is unable to consent to sign this document himself/herself (e.g. underage patient, overage patient, psychomotor retardation, psychiatric disorders etc.)
