PNWJS

Patient Consent for Case Report Publication in *The* Pacific Northwest Journal *of* Surgery

I, _____ [Print Name], give consent for medical information about myself (or the patient for which I am the authorized health care proxy) to be published in ***The* Pacific Northwest Journal *of* Surgery**. The authors believe that publishing a description of my particular case may help other doctors, surgeons, and researchers better understand my medical or surgical condition.

I understand that information regarding myself will be published in this academic journal without my name attached, and all identifiable information will be removed from the article. The authors and Journal will depict my medical condition, but will strive to maintain my anonymity.

Information regarding my health condition in the published article will be available to the general public. Clinical photographs will **not** include personal identifiable features, such as an image of my complete face or unique tattoos. Radiographic images (CT Scans, X-rays, MRIs, etc.) and pathology images will **not** include any identifying text, such as my name, birthday, and medical record number.

I understand that, despite the best efforts of the authors, it may still be possible that someone may recognize me from the materials in the article. I also understand that I will not receive payment, royalties, or copyrights in connection with the use of my medical material, and I will give up any claim to receive any payment, royalties, and copyrights relating to the published material.

Patient Signature: _____ [Patient Name] Print Name: _____ [Patient Name]

If Applicable:

Health Care Proxy Signature: _____ [Proxy Name] Print Name: _____ [Proxy Name]

Relationship to Patient: _____

If Applicable:

Translator Name: _____ Signature: _____Title: _____ Language:_____

Medical Record Number: _____ Hospital/City: _____

Witness: _____ Title:_____

DATE: _____ TIME:_____ AM PM