

Patient Consent Form

Patient's Consent Form for the publication of material relating to them in the *International Journal of Medical Students*.

To be completed by the corresponding author:

Title of manuscript: _____

Corresponding author's Name: _____

Corresponding author's Address: _____

E. mail of author: _____

Signature of author:

To be completed by the patient:

I give my consent for this material to appear in the *International Journal of Medical Students*.

I understand that:

- My name will not be published. I understand, however, that complete anonymity cannot be guaranteed.
- The material may be published in the electronic version of the *International Journal of Medical Students*.
- The material may also be placed on the *International Journal of Medical Students'* worldwide website. Both the printed version and the website are seen and read by doctors, journalists, and members of the public.
- The material will not be used for advertising or packaging.
- The material will not be used out of context.

Patient's Name: _____

Signature:

Date: _____

If you are not the patient, what is your relationship to them?

Witness : _____

Date: _____

Instructions:

1. Print this document on A4 paper and complete manually all fields on paper printed.
2. Scan and export to PDF file.