

Consent of Patient

Researcher Name:

You or your legal representative must sign this page. By signing this page, I am confirming the following:

- My details will be used in future academic and research purposes and may also be made publicly available which may have financial implications. However, my identity will be kept confidential.
- I voluntarily agree to share the information about my health condition, symptoms, diagnosis, treatment and results for research purposes and for publication in conferences, journals, books, periodicals, newsletter, reports, articles.
- I understand that my name and contact details will not appear in the materials published and there have been efforts to make sure that the privacy of my personal information is kept confidential although the confidentiality is not completely guaranteed due to unexpected circumstances like hacking of servers etc.
- My identity will be kept confidential and will not be made publicly available unless disclosure is required by law.
- Data obtained from you that does not identify you individually will be published for academic and research purposes and for publicly available databases.
- My medical information may be held and processed on a computer
- I have been offered the opportunity to read the manuscript and to see all materials in which I am included, but have waived my right to do so.
- All the published material will be shared among the medical practitioners, scientists, journalists and general public worldwide.
- The materials will also be used in local publications and accessed by many local and international researchers and doctors worldwide.
- I hereby agree and allow the materials to be used in other publications required by other publishers with these conditions:
 - The materials will not be used as advertisement purposes nor as packaging materials.
 - The material will not be used out of context, that is, sample pictures will not be used in an article which is unrelated subject to the picture.
- All of my questions have been answered to my satisfaction.

Patients Signature

Patients Name:

Date:

Name & Signature of person conducting consent discussion:

Date: