

## Confirmation that informed consent was obtained from the patient

Article title:

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Author name:

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I hereby confirm that the patient mentioned in the above-named article provided his/her informed consent for this article to be published in the journal «Swiss Medical Weekly» and that I have archived the consent form in the patient's medical record.

Signature:

Date:

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**(Please submit this page online with your article  
or send it to the editorial office: [office@smw.ch](mailto:office@smw.ch))**

**Informed consent for publication  
in the journal «Swiss Medical Weekly»**

Name (patient):

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Article title:

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I hereby give my consent for the information concerning myself to be published in the specialist medical journal «Swiss Medical Weekly».

I have seen the figures, if applicable, and read the text to be published.

I have take note of following:

1. My name will not be mentioned in the published article. I understand, however, that complete anonymity cannot be guaranteed.
2. The material will be published in open access in the journal «Swiss Medical Weekly» and on the website [www.smw.ch](http://www.smw.ch).
3. The material is not allowed to be published elsewhere without my renewed consent.

Signature:

Date:

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**(This form must be archived in the patient's medical record)**