

Confirmation that informed consent was obtained from the patient

Informed consent and sufficient anonymisation are mandatory for all case reports submitted to Swiss Medical Weekly.

Article title:

Author name:

I hereby confirm that the patient mentioned in the above-mentioned 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.

Points 1 to 4 on page 2 of this form have been explained to the patient beforehand.

- ☐ The patient has seen the final version of the case report to be published.
- ☐ The patient has agreed to publication without having seen the final version of the article.

Signature:

Date:

Please submit this page online with your article

Consent form to be archived in the patient's medical record

Do not submit this page to "Swiss Medical Weekly"

I hereby give my consent for material (photographs, medical images or case history) about me to be published in the online medical journal "Swiss Medical Weekly".

- ☐ I have seen the image(s) and/or text to be published.
- ☐ I agree to publication without having seen the final version of the article.

I have taken note of the 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 the online journal "Swiss Medical Weekly" (www.smw.ch). This website is freely accessible to everyone free of charge. The articles are mainly read by doctors, but may also be seen by many others.
3. I have been informed that I may revoke consent at any time before publication, but once the information has been published online, revocation of the consent is no longer possible.
4. Under the licence used by the journal "Swiss Medical Weekly", the published material can be redistributed freely and used for any legal purpose by others, including translation into other languages and commercial uses. I understand that I will not receive payment or royalties for this material, and I do not have a claim on any possible future commercial uses of this content.

Name (patient): _____

Signature: _____

Date: _____

Person who has explained the form to the patient:

Name: _____

Signature: _____

Date: _____