

Informed Consent Form for Case Report Publication

_____ *[Name of the author proposing the case report/series]*

You [or your child/person you represent] has been treated at the

_____ *[Name of the health structure or medical program].*

The medical team that took care of you [or your child/person you represent] believes that the medical condition that you [or your child/person you represent] have experienced, the way it was managed (diagnosis, treatment, follow up), and/or its outcome should be published.

This means that sharing the information about your case could be important to help other medical staff understand the condition better and provide better care to other patients who experienced similar condition. Any information that could identify you [or your child or the person you represent], such as name, address, telephone number, or identifiable images, will not be included in the publication. This means that readers should not be able to identify you from the published information.

We therefore ask your permission, or “consent” to make a report of your case that can be printed in a medical journal and/or online. It may also be presented at a medical or other conference or meeting, used in a textbook or for teaching purposes or another publication method. Medical staff should explain all publication venues that may be pursued before asking for consent.

What does this mean?

- The published report will contain details about your disease [or from your child/person you represent], the tests that were done, the medication and other treatment(s) that were given, the effects of the treatment on the disease and on your body, the evolution of the disease and the result of the care you [or your child/person you represent] received.
- The information will be presented in an anonymized form.
- However, it is possible that some details of your disease or the treatment you received might make it possible for some people to recognize that the report talks about you [or your child/person you represent].
- Medical journal articles are read mostly by health care professionals and students. However, publication in a medical journal means that the report can be read by anybody who has access to the scientific journal, either on paper, or via internet (computer), all over the world. Once the report is published, it may not be possible to completely remove the information from all copies or places where it has been shared. Please make sure that you understand and are comfortable with the publication of your clinical data before signing this form.

- If it is useful to add a picture of you [or from your child/person you represent] in the report to better illustrate the condition, we will ask for your permission first and ensure you cannot be recognized on the image.

What are the benefits?

There are no benefits for you [or your child or the person you represent]. There will not be any financial or other material benefits.

However, the publication might help future patients with similar condition to get better treatment. This might be here, in your country, but also in other countries as well. It will help to train health staff to better understand the conditions you [or your child or the person you represent] had/have.

What are the risks?

The risks are related to the possibility that someone who reads the report will recognize you [or your child/person you represent, cause you problems (such as discrimination or judgement, knowledge of your medical care, etc.). This can be a relative, a health care worker, someone from your community, or someone else.

Since your name, address, phone number will not be in the report, the chances are small that someone will recognize you, but it is not impossible, especially if your condition is rare or remarkable. We reinforce that any personal, identifiable information will be removed.

What are your choices?

1. **ACCEPT** – You can accept that the report of your case [or from your child or the person you represent] is published in a medical journal.
2. **DECLINE** – You can also decline and it is entirely your choice. This will not make any difference in your medical care here at MSF or anywhere else [or your child or the person you represent].
3. **ACCEPT and then later DECLINE** – You can accept that your information is published now and then change your mind later to keep your information private. You can decline any time before the report is published. Once the report is published in the medical journal, it cannot be removed.

You can withdraw your consent and later decline to have your information published. If consent is withdrawn after publication, the withdrawal will be documented to prevent any future follow-up or use of the information.

You can withdraw the consent by contacting:

[Name and contact details of the consent taker]

How do you consent?

If you agree that a report of your case [or from your child or person you represent] can be published in a medical journal, you will sign this form to confirm your free consent. You can also provide a thumbprint to show that you have consented instead of writing your name. If you choose to do this, we ask that a witness be present to sign their name on the form. The witness can be anyone you choose who is able to read and can provide a signature. The witness will be present while everything is explained to you and when you consent to your information being published. By signing their name, they confirm that the information was accurately conveyed to you, that you were given the opportunity to ask questions, and that you freely consented to allow MSF to publish your information.

If the patient is a child older than 7 years old, we will also provide the child information about the publication and will ask whether they also agree to have their information published. The child's permission will be in addition to you providing consent as the parent, guardian, caregiver, or legal representative, caretaker, or representative of the child. Even if you agree that the child's information can be published, if the child does not, the publication will not proceed.

You will receive a copy of the information we just gave you and the signed consent form.

MSF will keep a copy of the consent form for no longer than three years in a secured confidential place, under the responsibility of the Medical Coordinator. In the case of project closure, consent forms will be digitally scanned and stored in a password-protected manner, under the responsibility of the appropriate staff at an MSF office. After three years, the consent forms will be destroyed. If the country where the consent form is obtained has an Ethical Body, their procedures will be followed.

If you have any questions, please feel free to ask us, we will take the time to respond and make sure that you have the information you need.

If you have any questions or concerns in the future, you should contact:

[Name of person obtaining patient's consent]

[Contact information of person obtaining patient's consent]

Consent Form

For consent to publish patient information and/or images a scientific journal and/or other means of dissemination such as research posters and conference presentations.

Name of patient	
Relationship to patient (if the patient is not signing this form)	
Description of the material used (text, photo, image)	
Provisional title of the publication	

Consent

I _____ *[PRINT FULL NAME]* give my consent for the material specified above about me/the patient to be published in an online scientific journal.

I confirm that I *[PLEASE TICK BOXES BELOW]*

- ☐ have seen any photographs or images to be included in the Case Report
- ☐ have received a clear explanation of the content and purpose of the Case Report
- ☐ am entitled to give consent
- ☐ (if consent is for a child) have explained to my child aged 7 to 18 years what a Case Report is and received his/her assent
- ☐ (if consent for a deceased person) have duly considered my deceased relative's dignity and probable wishes

In signing this form, I understand the following:

- The material will be published without my/the patient's name, however I understand that complete anonymity cannot be guaranteed. Whilst every effort will be made to remove potential identifiers, it could happen that someone (e.g. a relative or healthcare professional) would recognize me/the patient.
- The material may show or include details of my/the patient's past medical history, medical condition, prognosis, treatment, and outcome.
- The report may be published in a journal which is distributed worldwide. Medical journals are read mostly by health care professionals and students. However, open-access journals (publication on the internet) mean that anyone can potentially read the report and thus discuss it or replicate it (e.g. for teaching purposes).
- I/the patient will not receive any financial benefit from publishing the Case Report.
- I can revoke my consent at any time before the Report has gone to press, from which moment on this will be impossible.

- This consent form will be retained securely by MSF and for no longer than necessary.

☐ I consent to MSF storing my contact details for the purpose of contacting me, if necessary, in the future (for example to clarify some aspects of the treatment received or for an update on how the experience of your care was)

To be filled out by the patient

Name		Date	
Address		Telephone Number/ Email	
Signature			

To be filled out by ≤18-year-old patient's parent, caretaker, legal representative

Name		Date	
Address		Telephone Number/ Email	
Signature			

Witness in case the patient (or legal representative) cannot sign:

Name		Date	
Address		Telephone Number/ Email	
Signature			

Details of the person who explained and administered the Informed Consent form:

Name		Date	
Address/Email		Telephone Number	
Position at MSF			
Signature			