The Central European Journal of Paediatrics
Journal of University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina
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Patient Consent for Publication of Material in the Central European Journal of Paediatrics

You must give the following information for this form to be processed accurately.

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Patients have the right to refuse to sign this consent form; refusal to sign this form will not affect their care in any way.

I hereby give my consent for images or other clinical information relating to my case to be reported in the The Central European Journal of Paediatrics.

I understand that my name and initials will not be published and that every effort will be made to conceal my identity. I realize, however, that anonymity cannot be guaranteed.

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_____ _____
Patient's name Patient's date of birth

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Patient's Signature (or signature of the person giving consent on behalf of the patient) Date

If you are not the patient, what is your relationship to him or her? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

_____

Why is the patient unable to give consent? (e.g., is the patient a minor, incapacitated, or deceased?)

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If images of the patient's face or distinctive body markings are to be published, the section below should be signed in addition to the first section:

I give permission for images of my face or distinctive body markings to be published and recognize that I might be identifiable as a result, even though my name and initials will not be published.

_____ _____
Patient's Signature (or signature of the person giving consent on behalf of the patient) Date

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