INFORMED CONSENT FORM FOR CASE REPORTS

For a patient’s consent to publication of information about them in Turkish Journal of Geriatrics

Name-Surname of person described in article: .........................................................

Title of the article: ...................................................................................................

Corresponding author (Name-Surname): ...............................................................  

I (Name-Surname) ....................................................................................................

give my consent for this information about myself or my relative

(NAME-Surname) ....................................................................................................
relating to the subject matter above to appear in a journal article.

I am informed about and so I understand the following:

1. This information will be published without my name/relatives name attached.
2. This information may be published in an online journal and may be placed on a website.
3. I can withdraw my consent at any time before online publication, but once this information has been committed to publication it will not be possible to withdraw my consent.

Signature.........................................................

Date...............................................................

Name-Surname and signature of requesting medical practitioner or health care worker:

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Date...............................................................