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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:

.....

Date.....