



INFORMED CONSENT FORM FOR CASE REPORT (Template)

Title of Case Report: _____

Principal Investigator/Author: _____

Institution Name: _____

Introduction

This form provides information about the case report in which you are invited to participate. Please read the information carefully and feel free to ask any questions before providing your consent.

Purpose of the Case Report

This case report aims to [briefly describe the purpose, objectives, and intended audience of the case report].

Risks and Benefits

- There are no anticipated risks associated with participating in this case report.
- Your participation may contribute to medical knowledge and help improve care for others with similar conditions.

Confidentiality

- Your identity will be kept confidential in the case report.
- We will remove any identifying information from the case report before publication.

Voluntary Participation and Withdrawal

- You are free to choose not to participate or withdraw from the study at any time without penalty.
- Simply inform the study team of your decision.

Contact Information

- If you have any questions about the study, please contact [Name of Principal Investigator] at [Contact information].



Consent to Participant

I [Patient Name] understand the purpose of the case report and agree to participate by providing information about my medical condition. I consent to the use of my personal and medical information for the creation and publication of the case report.

Participant Name & Signature or Thump Impression:

Principal Investigator Name & Signature:

Name & Signature of Person Obtaining Consent:

Date: