IRB INFORMED CONSENT FORM FOR CASE REPORT / CASE SERIES (SAMPLE)

Title of Case Report/Case Series: _____

Principal Investigator/Author: _____

Institution Name: _____

Introduction

This form provides information about the case report or case series 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/Case Series

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

Risks and Benefits

- There are no anticipated risks associated with participating in this case report or case series.
- 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 or case series.
- We will remove any identifying information from the report or series 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.

Additional Instruction for Multiple Cases

If multiple cases are being reported as part of a case series, the same consent form can be used to document consent for all related cases. Each case should be clearly labeled and organized under separate headings to ensure clarity and compliance.

Contact Information

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

Consent to Participate

I _____Patient Name_____ understand the purpose of the case report or case series 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 report or series.

Participant Name & Signature or Thumb Impression: _____

Principal Investigator Name & Signature: _____

Name & Signature of Person Obtaining Consent: _____

Date: _____