

## 11. INFORMED CONSENT FORM

### INFORMED CONSENT FORM FOR THE PUBLICATION OF A CASE REPORT/ SERIES

You [or your child or the person you legally represent] has been treated at the .....  
..... [Name of the health structure or medical programme].

The medical team that took care of you [or your child or the person you legally represent] believes that the medical condition you [or your child or the person you legally represent] suffered from and/or the way it was managed (diagnosis – treatment- follow up) as well as the outcome is very interesting. This means that sharing the information around your case (but with removal of your name, address and phone number) could be important to help other medical staff understand the condition better and have a better management for other patients who suffer from the same condition.

We would therefore like to ask your consent to make a report of your case that will be published in a medical journal.

What does this mean?

- The report will contain details of your disease/illness [or your child's or of the person you legally represent], the tests conducted, the medication and other treatment administered, the effects of the treatment on the disease and on your body, the evolution of the disease/illness and the result of the care you [or your child or the person you legally represent] received.
- The report will not contain your name [or your child's or of the person you legally represent], nor the address, phone number, or other information that makes it possible to directly recognize you [or your child or the person you legally represent].
- However, some details of you disease or the treatment you [or your child or the person you legally represent] received might make it possible for some people to recognize that the report talks about you [or your child or the person you legally represent].
- Medical journals are read mostly by health care professionals and students. However publication in a medical journal means that the report can be read by anybody who can have access to the scientific journal, either on paper, or via internet (computer), all over the world.
- If it is useful to add a picture of you [or of your child or of the person you legally represent] in the report to better illustrate the condition, we will ask for your permission first and ensure you cannot be recognized on the image.

#### What are the benefits?

There are no benefits for you [or your child or the person you legally represent]. There will not be any financial or other material benefits.

However this might help future patients with the same condition in your country but also in other countries to receive better care. It will help to train health staff in better understanding the conditions you [or your child or the person you legally represent] had/have.

#### What are the risks?

The risks are related to the possibility that someone who reads the report could recognize you [or your child or the person you legally represent] and this could maybe cause you problems. This can be a relative or a health care worker or someone from your community or somebody else.

As your name, address, phone number will not be in the report, the chances are very small that someone will recognize you, but it cannot be ruled out.

What are your choices?

You can accept that the report of your case [or your child's or of the person you legally represent] is published in a medical journal.

You can also refuse and this will not make any difference for the further care you [or your child or the person you legally represent] will receive.

You can accept it and withdraw your consent later by contacting .....  
[Name and contact details of the consent taker], but only before the report is published. Once the report is published in the medical journal, it cannot be removed anymore.

How do you consent?

If you agree that a report of your case [or your child's or of person you legally represent] can be published in a medical journal, you can sign the form to confirm your consent. If you cannot sign, we will ask a witness to sign as a confirmation that you have given your consent.

If the patient is a child older than 7 years old, we will also ensure the child is given all the information about the publication of a case report and will ask the child if he/she agrees.

You will receive a copy of the information we just gave you and the signed consent form.

MSF will keep a copy of the consent form in a secured confidential place and no longer than necessary after which it will be destroyed.

If you have any questions, please feel free to ask us, we will take the time to respond until you have received all the answers your would like.

If you have any questions in the future, you can contact:

.....  
[Name and contact details of the consent taker].

## CONSENT FORM

Patient's consent to publish information and/or images about him/her in an online scientific journal.

*Name of patient:*

*Relationship to patient (if patient is not signing this form):*

*Description of the material (text, photograph, image):*

*Provisional title of the material:*

### Consent

I \_\_\_\_\_ [PRINT FULL NAME] give my consent for the material specified above about me/the patient to be published in an online scientific journal.

I confirm that I [PLEASE TICK BOXES BELOW]:

- have seen any photographs or images to be included in the Case Report,
- have received a clear explanation of the content and purpose of the Case Report,
- am entitled to give consent,
- (if consent is for a child) have explained to my child aged 12 to 17 years what a Case Report is and received his/her assent,
- (if consent for a deceased person) have duly considered my deceased relative's dignity and probable wishes.

In signing this form, I understand the following:

- 1) The material will be published without my/the patient's name, however I understand that complete anonymity cannot be guaranteed. Whilst every effort will be made to remove potential identifiers, it could happen that someone (e.g. a relative or healthcare professional) could recognize me/the patient.
- 2) The material may show or include details of my/the patient's past medical history, medical condition, prognosis, treatment, and outcome.
- 3) The report may be published in a journal which is distributed worldwide. Medical journals are read mostly by health care professionals and students. However, an open-access journal (publication on the internet) means that anyone can potentially read the report and thus discuss it or replicate it (e.g. for teaching purposes).
- 4) I/the patient will not receive any financial benefit from publishing the Case Report.
- 5) I can revoke my consent at any time before the Report has gone to press, from which moment on this will be impossible.
- 6) This consent form will be retained securely by MSF and for no longer than necessary (e.g. some journals request that informed consent forms for published articles be kept for several years).

[PLEASE TICK BOX BELOW]

I consent to MSF storing my contact details for the sole purpose of contacting me, if necessary, in the future (for example to check on your health status with regard to the treatment you received).

*Print name:*

*Telephone number/ Email:*

*Address:*

*Date:*

*Sign:*

**Witness in case the patient (or legal representative) cannot sign:**

*Print name:*

*Telephone number/ Email:*

*Date:*

*Sign:*

**Details of the person has explained and administered the Informed Consent form:**

*Print name:*

*Position at MSF:*

*Address/Email:*

*Telephone:*

*Date:*

*Signed:*

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