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The New Journal of Urology

## PATIENT CONSENT FORM OF CASE REPORTS FOR PUBLICATIONS

*Regarding the patients' consent to publication of their information in The New Journal of Urology*

Patient' s Name, Surname :

Title :

Corresponding Author :

I, (name/surname) , consent for publication of the mentioned information about myself and/ or my relative.

**This is to state that I give my full permission for the publication, reproduction, broadcast and other use of photographs, recordings and other audioA visual material of myself and textual material (case histories) in all editions of the aboveA named product and in any other publication (including books, journals, CDA ROMs, online and internet), as well as in any advertising or promotional material for such product or publications.**

**I declare, in consequence of granting this permission, that I have no claim on ground of breach of confidence or any other ground in any legal system against — (author's/developer's name) — and its agents, publishers, successors and assigns in respect of such use of the photograph(s) and textual material (case histories).**

**I hereby agree to release and discharge (author's/developer's name), and any editors or other contributors and their agents, publishers, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy, copyright or moral rights or violation of any other rights arising out of or relating to any use of my image or case history.**

**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to be published the information about the subject in this case report.**

**I am informed about and so I understand the following:**

1. This information will be published without my name and/ or my 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.

**Patient's Signature:**

**Date:**

**Medical Practitioner Or Health Care Worker;**

**Name, Surname:**

**Signature**

**Date**