



Information for the patient:

The *Medical Student Research Journal* (MSRJ) is an online journal that publishes scientific medical articles, case studies, reviews, and reflection pieces written by medical students. The journal website can be accessed here (<http://www.msrb.org>). The journal is targeted to medical students, doctors, and medical personnel, but because the journal aims to teach and increase knowledge of diseases and treatment, anyone can read the articles on our website or in libraries.

Article Title: _____

Author: _____

I give my informed consent for this material to be published in the *Medical Student Research Journal*, and associated publications, including its website.

I understand that my name will not be included in the published article, and that every effort will be made to keep my identity anonymous in the text and in any images. However, I understand that complete anonymity cannot be guaranteed, and it could be possible for someone who knows me to identify me from the published article.

I understand that the published article will be freely available via the internet, and that the article may be reproduced on other websites or in print.

I understand that I can revoke permission at any time prior to publication, but after the article is published, it will not be possible to remove the article or information.

I understand that the information and images will not be used for profit or advertising.

Name of person described or photographed in the article: _____

I, _____ (Insert Full Name), give my informed consent to have this information and/or images about MYSELF, MY CHILD or WARD, or FAMILY MEMBER (Circle Correct Description) relating to the title described above published in the *Medical Student Research Journal* and its website.

Signature: _____ Date: _____

Parent/Guardian/Relative: _____ Date: _____

The *Medical Student Research Journal* thanks you for sharing your story. Your experience will teach future doctors and medical personnel about important and sometimes rare conditions that will improve the care of patients with similar situations to yours in the future.

In the case of (1) the patient, parent, family member, or guardian cannot sign the document in person, (2) there is loss to follow-up, or (3) the patient contact information has been destroyed:

Initial on the line to the left of the corresponding phrase(s):

_____ On this date, _____, the PATIENT, PARENT, GUARDIAN, or FAMILY MEMBER (Circle Correct Description), _____ (Name), has given verbal informed consented IN PERSON or by TELEPHONE (Circle Correct Description).

_____ On this date, _____, the PATIENT, PARENT, GUARDIAN, or FAMILY MEMBER (Circle Correct Description), _____ (Name), has been consented by Fax, Email, or other electronic methods and the documents demonstrating their informed consent are attached.

_____ The person of this study was exhaustively attempted to be consented, but the patient and appropriate consent givers (Family, Guardians, Parents) have been lost to follow-up and informed consent is not possible.

_____ The patient has impairments to reasoning and judgment and cannot give informed consent, and there is no appropriate consent giver (Family, Guardians, Parents) to obtain an informed consent.

_____ The institutional review board (IRB) or ethics committee at the facility (hospital/university/care organization) has approved of the publication of this manuscript because of the minimal amount of patient identifiable information, and the teaching value of this article. Documentation from the IRB/ethics committee is attached.

The MSRJ staff may request IRB approval in any instance, and the MSRJ staff reserves the right to reject any article to protect patient safety.

I, _____ (Insert Full Name and Title, e.g. MD, DO), understand the patient informed consent policies as described above, and represent the Attending Physician, Primary Care Physician, or Staff Physician in charge of the care of this patient. I attest that an exhaustive effort has been completed in an attempt to consent the patient for the publication of their story and/or identifiable information. The identifiable information included in the manuscript is kept to a minimum to protect the patient and the identifiable information included is necessary for the teaching purpose of this article.

Signature: _____

Date: _____