

**BIOJ: Consent form for Case Reports**

**In order for a Case Report to be published in BIOJ, we need the patient’s consent to the publication of images and/or information about them.**

**DETAILS OF PATIENT AND MATERIAL REQUIRING CONSENT**

|  |  |
| --- | --- |
| Patient’s name: | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| If you are signing on behalf of the patient, please give details of why the patient can’t grant consent for themselves (e.g. they are under 18, or have cognitive or intellectual impairment). | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| If you are signing on behalf of the patient, please give your name, and your relationship to patient: | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Description of the **Material** (e.g. photo, image, text or other material) about the patient. (Please note that a copy of the Material must be attached to this form for the patient to see): | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Provisional title of article to be submitted to BIOJ in which this material will be included: | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**CONFIRMING CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [PRINT FULL NAME], give full consent for the attached Material about me/the patient to appear in a case report in BIOJ.

**Please tick the boxes to confirm the following:**

* **I am legally entitled to give this consent as I am the patient/entitled to consent on their behalf**
* **I have read the draft case report that is to be submitted to BIOJ**
* **I have seen the Material (photos, images, text or other material) about me/the patient**

I have read and understand the following:

1. The Material will be published without my/the patient’s name attached. I understand, however, that complete anonymity cannot be guaranteed. The details in the Material may make it possible for somebody who reads the case report - for example, a carer or a relative – to recognise me/the patient.

1. The Material may show or include details of my/the patient’s medical condition or injury, as well as any prognosis, treatment or surgery that I have/the patient has had, or may have in the future.

1. BIOJ is a digital open access journal, available globally and publicly. While many readers will be from the field of Orthoptics, or related areas, the journal can be accessed and read by anyone.

1. Once published, the case report will be available through the BIOJ website. As an open access publication, it could be included in other databases and websites. It may be linked to from social media and/or used in other marketing. It could also feature in news or promotional content such as press releases.

1. The text of the case report will be copy-edited for style, grammar and consistency before publication.

1. BIOJ is an open access journal and not published for profit. I/the patient will not receive any financial reward through the publication of the case study.

1. As it will be published under a CC-BY licence, the case report or some of its content may also be used in full or in part in other publications from other publishers without restriction, as long as proper credit is given. This includes publication in the UK or overseas, in English and in translation, in print, in digital formats, and in any other formats that may be used now and in the future.

1. Before publication, I can revoke my consent at any time. It is not possible to revoke consent once the case report is “in press” (has been committed to publication).
2. BIOJ will retain this consent form (securely and confidentially) for no longer than necessary. Personal data provided in this form will be used and retained in accordance with BIOJ’s Privacy Policy (<https://www.orthoptics.org.uk/privacy-policy/>). The Retention Schedule is available on request ([bios@rthoptics.org.uk](mailto:bios@rthoptics.org.uk)).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed and have given their consent.

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**If the patient is under the age of 18 but has sufficient understanding of the consent process and its implications**, they must also confirm their agreement:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Details of the person who has explained and administered this form** to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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