*Logo

Description automatically generated with medium confidence*

**Case Report Consent form**

**For a patient’s consent to publication of images and/or information about them at SICS conferences.**

|  |  |
| --- | --- |
| *Name of patient:*  *Relationship to patient (if patient not signing this form):* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Description of the photo, image, text or other material (****Material)*** *about the patient.* ***A copy of the Material must be attached to this form****:* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Provisional title of article in which Material will be included:* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

***CONSENT***

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[PRINT FULL NAME]* give my consent for the Material about me/the patient to appear in a poster or abstract presented at meetings organised by the Scottish Intensive Care Society and shared online on websites managed by the Scottish Intensive Care Society.

***I confirm that I:*** *(please tick boxes to confirm)*

* ***have seen the photo, image, text or other material about me/the patient***
* ***have read the article to be submitted to SICS***
* ***am legally entitled to give this consent.***

I understand the following:

1. The Material will be published without my/the patient’s name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.

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

1. The article may be published online and distributed worldwide. SICS conferences are mainly attended by doctors and other healthcare professionals but are also seen by many others including academics, students, journalists and members of the general public.

1. The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the article will be placed on websites managed by the Scottish Intensive Care Society and may also be available on other websites.

1. The text of the article may be edited for style, grammar and consistency before publication.

1. I/the patient will not receive any financial benefit from publication of the article.

1. I can revoke my consent at any time before publication, but once the article has been published it will not be possible to revoke the consent.

1. This consent form will be retained securely and in confidence by the Scottish Intensive Care Society in accordance with the law, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with SICS Privacy Policy.

*Please tick box to confirm the following:*

* I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

*Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*If signing on behalf of the patient, please give the reason why the patient can’t consent for themselves (e.g. patient is under 18 or has cognitive or intellectual impairment).*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* *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.*

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

|  |  |  |
| --- | --- | --- |
| *Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  | *Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  | *Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Form adapted from BMJ (DG/PA Nov 22) |  | *Telephone no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |