

National Health Care (Russia)

Consent form

For a patient's consent to publication of images and/or information about them in the National Health Care (Russia) Journal publications.

PRINT NAME, SURNAME of patient:

Date of birth:

Day (xx)	Month (xx)	Year (xxxx)

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: _____

Section of journal in which Material will be included:

Provisional title of manuscript in which Material will be included: _____

CONSENT

I

(PRINT NAME AND SURNAME IN CAPITAL LETTERS)

give my consent for the Material about me/the patient to appear in a National Health Care (Russia) Journal publication.

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 the National Health Care (Russia) Journal
- ☐ 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.
2. 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.
3. The article may be published in a journal which is distributed worldwide. The National Health Care (Russia) Journal's publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
4. 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 a National Health Care (Russia) Journal website and may also be available on other websites.
5. The text of the article will be edited for style, grammar and consistency before publication.
6. I/the patient will not receive any financial benefit from publication of the article.
7. The article may also be used in full or in part in other publications and products published by the National Health Care (Russia) Journal and/or by other publishers. This includes publication in English / Russian and in translation, in print, in digital formats, and in any other formats that may be used by the National Health Care (Russia) Journal or other publishers now and in the future. The article may appear in local editions of journals or other publications, published in Russian Federation and overseas.
8. I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent.
9. This consent form will be retained securely and in confidence by Sechenov Medical Journal in accordance with the law of Russian Federation, for no longer than necessary. Personal data provided in this form will be used and retained in accordance with the National Health Care (Russia) Journal's Privacy Policy available at - <https://www.natszdrav.ru/jour/about/submissions#privacyStatement>

Please tick box to confirm the following:

- ☐ Where this consent relates to an article in the National Health Care (Russia) Journal 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.

PRINT NAME, SURNAME

Address: _____

E-mail: _____

Telephone

no: _____

Signature

Date:

_____	_____	_____
Day (xx)	Month (xx)	Year (xxxx)

- ☐ 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).

Signature

Date:

_____	_____	_____
Day (xx)	Month (xx)	Year (xxxx)

- ☐ 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:

PRINT NAME, SURNAME

Date of birth:

_____	_____	_____
Day (xx)	Month (xx)	Year (xxxx)

Signature

Date:

_____	_____	_____
Day (xx)	Month (xx)	Year (xxxx)

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).

PRINT NAME, SURNAME

Position: _____

Affiliation:

Address: _____

E-mail

Telephone no: _____

Signature

Date:

_____	_____	_____
Day (xx)	Month (xx)	Year (xxxx)