# Bionatura Press Patient Consent Form

**Section 1:** To be completed by the professional who will explain and administer the form to the patient or proxy:

Patient name:_____

This form has been explained and administered by:_____

_____

Institution/hospital address:_____

_____

Title of the article:_____

Corresponding author of the article:_____

Title of the Journal:_____

If section 2 will not be completed by the patient, please state the reason why they do not have legal, mental or physical capacity to consent to the publication of the material: _____

_____

*Examples: underage child, patient with cognitive or intellectual disabilities, deceased patient*

Other relevant information:_____

**Section 2:** To be completed by the patient or a proxy (e.g. parent, guardian, or next of kin) if the patient is under age, deceased or deemed unfit to give legal consent:

I,_____*[full name]*, give my consent for the material presented about **MYSELF/MY CHILD OR WARD/MY RELATIVE** *[circle correct option]* alongside this form to appear in the publication above and in related publications. It has been explained to me that the material has educational or scientific value and that publication may help to improve the care that others will receive in the future, however I/the patient will not receive any financial benefit.

I have had the opportunity to see and read the material (including the text and any other media – pictures, videos etc.) to be submitted for publication and understand that the final publication may differ in style, grammar, consistency and length.

I also understand:

1. Although the publication is primarily aimed at medical professionals and academic researchers, it will potentially be freely available to the general public anywhere in the world without time limit and may be used for commercial purposes.
2. Although my/the patient's name will not be attached and efforts will be made to protect anonymity, complete anonymity cannot be guaranteed.
3. My consent and the material itself cannot be withdrawn after publication.
4. The material may be used in full or in part or translated in other publications or products derived from this publication.

Signed:_____(Patient or Proxy)

Date:_____

The Bionatura Patient Consent Form has been informed by a guidance document published in December 2016 by the Committee on Publication Ethics: **Journals' Best Practices for Ensuring Consent for Publishing Medical Case Reports** available from http://publicationethics.org.

## Guidelines for use of the consent form

Bionatura require at the point of submission that a consent form has been completed for any case report in which an individual or a group of individuals can be identified. The list below outlines potential patient identifiers to be aware of.

- Direct
- Name
- Initials
- Address, including full or partial postal code
- Telephone or fax numbers or contact information
- Electronic mail addresses
- Unique identifying numbers
- Vehicle identifiers
- Medical device identifiers
- Web or internet protocol addresses
- Biometric data
- Facial photograph or comparable image
- Audiotapes
- Names of relatives
- Dates related to an individual (including date of birth)
- Indirect–may present a risk if present in combination with others in the list
- Place of treatment or health professional responsible for care (Could be inferred from investigator affiliations)
- Sex
- Rare disease or treatment
- Sensitive data, such as illicit drug use or "risky behaviour"
- Place of birth
- Socioeconomic data, such as occupation or place of work, income, or education (MRC requirement is for "rare" occupations only)
- Household and family composition
- Anthropometry measures
- Multiple pregnancies
- Ethnicity
- Small denominators–population size of <100
- Very small numerators–event counts of <3
- Year of birth or age (Age is potentially identifying if the recruitment period is short and is fully described)
- Verbatim responses or transcripts

More guidance can be found here: *https://trialsjournal.biomedcentral.com/articles/10.1186/1745-6215-11-9*

- Completed consent forms are **not** to be submitted to the journal. Completed forms should be held by the treating institution according to locally approved procedures. The consent form should be made available to the journal Editor if specifically requested.

- Use of the Bionatura Patient Consent Form is recommended where a consent form is required for submission of a manuscript to a Bionatura Press publication. If another consent form is to be used, for example the standard consent form used by your institution, a blank copy of this form should be submitted to the journal so that the journal can verify that it meets best practice recommendations.