ENDOUROLOGY BULLETIN
ENDOÜROLOJİ BÜLTENİ

INFORMED CONSENT FORM OF CASE REPORTS

Regarding the patients' consent to publication of their information in Endourology Bulletin

Patient's Surname, Name :

Corresponding Author's Surname, Name :

I, (surname/name) _____ *consent for publication of the mentioned information about myself and/or my relative.*

This is to state that I give my full permission for the publication, reproduction, broadcast and other use of photographs, recordings and other audio-visiual material of myself and textual material (case histories) in all editions of the above-named product and in my other publication (including books,journals, CD-ROMs, online and internet), as well as in any advertising or promotional material for such product or publications.

I declare, in consequence of granting this permission, that I have no claimon ground of breach of confidence or any other ground in any legal system against (author's/developer's name) and its agents , publishers, successors and assigns in respect of such use of the photograph(s) and textual material (case histories).

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I have read the foregoing information or it has been read to me. I have had the opportunity to ask question about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to be published the information about the subject in this case report.

I am informed about and so I understand the following;
* The information will be published without my name and/or my relatives name attached.
* This information may be published in an online journal and may be placed on a website.
* I can withdraw my consent at any time before online publication, but once this information has been committed to publication it will not be possible to withdraw my consent.

Date Field _____

Patient's Signature :

Medical Practitoner or Health Care Worker;

Surname, Name :

Date Field _____

Signature :