

Informed Consent Form

For patient consent to publication of their images and/or information about them
in YMJ publications

Case Report Title: _____

Name of Patient: _____

By signing this form, I confirm 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 recognize 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 that is distributed worldwide. YMJ's publications go mainly to doctors and medical scientists, but are also seen by many others, including academics, students, and journalists.
- (4) The article, including the Material, may be linked to or from social media and/or used in other promotional activities. Once published, the article will be placed on a YMJ 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 YMJ and/or other publishers. This includes publication in English and translations into other languages, in print, in digital formats, and in any other formats that may be used by YMJ or other publishers now and in the future. The article may appear in local editions of journals or other publications published in the Republic of Korea 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 given consent.
- (9) This consent form will be retained securely and in confidence by YMJ for no longer than necessary.

_____	_____	_____
Name of Patient/Substitute (Print)	Signature	Date
_____	_____	_____
Name of Principal Investigator (Print)	Signature	Date