Informed Consent Form

Title of manuscript:

Journal:

Corresponding author:

I hereby give my consent for the publication of the above-mentioned article in the journal of Academic Publishing Pte. Ltd. I confirm that I have read through the final version of the article to be submitted; I understand that the text of the article may be revised based on peer review results and be edited for style before publication; I have seen the images or data about me/the patient and I confirm that all materials can be published publicly; I have the legal right to grant this consent.

I am aware of the potential risk that my identity (or that of the patient) may be disclosed, although the authors and the publisher have made efforts to avoid revealing the identity.

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There will be no financial benefit given to me/the patient as a result of the publication of this article.

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Personal information collected in this form will be kept in confidence.

Name of patient:

Signature:

Date:

**If the consent is given by a legal representative:**

Name of representative:

Relationship between the patient and representative:

The reason why the patient can’t give the consent by himself/herself:

Signature:

Date: