

The informed consent

form is intended to obtain permission from the patient to publish images and/or information about him/her in the scientific and practical journal "Baikal Medical Journal".

Patient's full name

Degree of relationship/acquaintance with the patient (in cases where the form is signed by a legal representative)

Description of a photograph, image, text or other material (hereinafter referred to as the Material) about the patient (a copy of the Material should be attached to this form)

Preliminary title of the article in which the Material will be included

CONSENT

I, _____,

(full name, in block letters)

give my consent to the publication of the Material about me/the patient in the scientific and practical journal "Baikal Medical Journal".

I confirm that I:

(it is necessary to mark the appropriate boxes)

- ☐ have seen a photograph, image, text or other material about me/the patient;
- ☐ have read the article that will be sent to the journal "Baikal Medical Journal";
- ☐ have the legal right to sign this consent.

I am informed that:

- 1) The Material will be published without indicating my name/the patient's name, while I understand that complete anonymity cannot be guaranteed. There is a possibility that someone or somewhere (for example, the person who cared for me/the patient, or a relative) may recognize me/the patient.
- 2) The Material may display or contain information about my illness/injury or the patient's illness/injury, as well as any prognosis, treatment or surgery that I/the patient has had, is having or may have in the future.
- 3) The article is planned for publication in a journal distributed worldwide. Publications of the Baikal Medical Journal are intended for physicians, pharmacists, researchers and other healthcare professionals, but may also be read by others, including scientists, students, journalists.
- 4) The article containing the Material may be included in a press release, it may be linked to on social networks and/or it may be used for advertising purposes. After publication, the article will be posted on the Baikal Medical Journal website and may also be available on other websites.
- 5) Before publication, the text of the article will be edited for style, grammar and consistency of the text.
- 6) I/the patient will not receive any financial benefit from the publication of the article.
- 7) The article may also be used in whole or in part in other materials published by the Baikal Medical Journal and (or) other publications in Russia and abroad (including in Russian, translated into English, in printed form, in digital formats and in any other formats that may be used by the Baikal Medical Journal or other publications now and in the future).
- 8) I can revoke my consent at any time before the article is approved for publication by the editorial board of the Baikal Medical Journal.
- 9) This informed consent form will be stored by the Baikal Medical Journal in a safe place with confidentiality in accordance with the legislation of the Russian Federation for the required period.

Please tick the appropriate boxes to confirm the following:

☐ I agree to the storage of my contact information by the Baikal Medical Journal only for the purpose of contacting me in the future, if necessary.

Signature:

Full name in block letters:

Address:

Email address:

Phone number:

If signing on behalf of a patient, please indicate the reason why the patient is unable to consent (e.g., patient is deceased, patient is under 18 years of age, or patient has cognitive or intellectual impairment).

Date: _____

If you are signing on behalf of a family or other group, check the box to confirm the following:

☐ *All relevant family or group members have been informed.*

Details of persons who have been provided with necessary explanations and assistance in signing the form by the patient or their legal representative:

(e.g., author of the article or other person with authority to obtain consent)

Signature:

Full name in block letters:

Job title:

Institution:

Address:

Email address:

Phone number:

Date: