JILTI
JOURNAL OF INONU LIVER TRANSPLANTATION INSTITUTE

# PATIENT CONSENT FORM

## For the Publication of Photographs/Images and Clinical Information

*Journal of Inonu Liver Transplantation Institute*

**Manuscript title:** _____

I hereby give my consent for photographs/images of my face or distinctive body markings, and/or other clinical information relating to my case to be published in the Journal of Inonu Liver Transplantation Institute, on the understanding that any information within the images that may identify me or my institution will be removed or masked as far as possible.

### Declaration

☐ I understand and acknowledge that I have a right to refuse to sign this form, and that refusing to give consent will not affect my treatment in any way.

☐ I have read this form (or it has been read to me), and its content has been explained to me in detail.

☐ If I am not fluent in English, this form and its content have been explained to me in my own language before my consent was obtained.

☐ The images/photographs/x-rays of me will be published in the journal with adequate masking of any identifying information (e.g., name, hospital number, date, place) wherever possible.

☐ My name and initials will not be published in the journal.

☐ Even though my name will not be published, I understand that I might still be identifiable from the material.

☐ I understand that I cannot revoke this consent once I have signed this form.

☐ I understand that, if the manuscript is accepted, the article and its accompanying images will be published under a Creative Commons Attribution-NonCommercial (CC BY-NC 4.0) license and will be freely accessible online.

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## Patient / Subject

| | |
|---|---|
| Name of the patient | Date |

*Signature of the patient*

## If the Patient Is a Minor (Under 18 Years)

*If the patient/subject is under 18 years of age, a parent or legal guardian must provide consent on behalf of the minor.*

| | |
|---|---|
| Name of the parent / legal guardian | Relationship to the minor patient/subject |

*Signature of the parent / legal guardian*

## Physician

| | |
|---|---|
| Name of the doctor | Date |

*Signature of the doctor*

## Translator (if applicable)

*To be completed if the form and its content were explained to the patient or legal guardian in their own language.*

| | |
|---|---|
| Name of the translator | Date |

*Signature of the translator*

*Note to authors: Please keep the signed original of this form on file and be prepared to provide it to the editorial office upon request. Do not upload the signed form itself with identifying signatures to the manuscript submission system unless the journal specifically requests it; a statement confirming that consent was obtained should instead be included in the manuscript text.*