

PMJN Case Report Consent Form

The **Post-Graduate Medical Journal of the National Academy of Medical Sciences (PMJN)** is a peer-reviewed biomedical journal established in 1999, promoting ethical medical knowledge sharing. The **PMJN Case Report Consent Form** ensures that patients or representatives consent to publish identifiable information in case reports. The form must be completed by an authorized individual, such as a senior clinician or delegate, and can include hand-signed, photographic, or digital signatures. Submit the signed form with your case report at **pmjn.org.np**.

Provisional Title of the Manuscript:

Patient Information

Full Name of Patient	
Age of Patient	
Patient's Address	
If signing on behalf of the patient, please indicate your relationship to the patient. <i>(e.g., parent, legal guardian, spouse, etc.)</i>	
Reason for Proxy Consent (if applicable): <i>(e.g., patient underage (<18 yrs), cognitive or intellectual impairment, legal guardianship, medical incapacity, deceased, etc.)</i>	
Name of Representative (if applicable)	
Signature of Patient or Representative	
Email:	
Phone no.:	
Date:	

Note: If an individual is signing on behalf of a family or group, s/he must confirm that all relevant members have been informed.

Consent Details

I, [_____], give my consent for the inclusion of materials related to me/the patient in a PMJN publication. I affirm that I:

- Have the legal authority to provide this consent.
- Have reviewed the photos, images, text, or other materials concerning me/the patient.
- Have read the article intended for submission to PMJN.

I understand that:

1. PMJN will publish materials without naming me/the patient, but anonymity cannot be guaranteed. Recognition by others (e.g., healthcare providers, family) may occur.
2. I may withdraw consent before publication. After publication, the information cannot be retracted.
3. Neither I nor the patient will receive compensation from the article's publication.
4. The material may be distributed worldwide in various formats (online, print, audio, video, etc.) and shared with diverse audiences, including healthcare professionals and the public.
5. If the final version was not shown, I consent to publication based on the draft and acknowledge the article may undergo editorial revisions for consistency and clarity.
6. I agree to publication across all listed formats (e.g., print, online, audio/video, digital platforms).
7. This form was explained to me in a language I understand, and I had the opportunity to ask questions.
8. I understand that this form will be retained by the treating institution, and a copy will be shared with PMJN for verification.

Details of Person Obtaining Consent

Signature of Person Obtaining Consent	
Printed Name of Person Obtaining Consent	
Affiliation (Department, Institution, Location, Country)	
Position (Professor/researcher/lecturer, etc.)	
Email:	
Phone no.:	
Date:	

Special Considerations

If the patient is under 18 and has sufficient understanding of the consent process, their signature is required:

Signature of Minor Patient	
Printed Name:	
Date of Birth:	
Date:	

Corresponding Author Declaration

I, [_____], certify that all information in this case report is accurate and approved by all co-authors. I take responsibility for journal communication, ensuring consent, transparency, and compliance with submission requirements.

Full Name:	
Signature:	
Affiliation (Department, Institution, Location, Country)	
Position (Professor/researcher/lecturer, etc.)	
Email:	
Phone no.:	
Date:	