LIBYAN JOURNAL OF DENTISTRY

Author Resources

Patient Informed Consent Form

For case reports, case series, and any identifiable patient content

Purpose. This form documents a patient's (or guardian's) written informed consent for the publication of their clinical details, radiographs, photographs, and any other identifiable information in the Libyan Journal of Dentistry. It is mandatory for all case reports, case series, and any manuscript that contains images or data from which a patient could be identified. The signed original must be held on file by the corresponding author for a minimum of ten years from the date of publication and must be supplied to the editorial office upon request. A signed copy must be uploaded as a supplementary file at the time of submission.

1. Patient / Guardian Identification

Patient full name (or patient code if anonymized):	
Date of birth (DD / MM / YYYY):	
Is the patient a minor or unable to consent?	☐ No ☐ Yes — guardian signs below
Guardian full name (if applicable):	
Relationship to patient (if guardian):	

2. Manuscript Identification

Manuscript title:	
Manuscript ID (if assigned):	
Corresponding author:	
Date of submission:	

3. Nature of Content Covered by This Consent

Tick all that apply to this manuscript:

☐ Clinical history and/or medical/dental records (written description)

☐ Intraoral or extraoral clinical photographs

☐ Radiographic images (periapical, panoramic, cone-beam CT, or other)

☐ Study models, scans, or casts

☐ Histopathological images or laboratory specimens

☐ Video recordings

☐ Genetic or molecular data that could identify the patient

☐ Other identifiable data (specify below):

Details: _____

4. Patient / Guardian Consent Declarations

The patient (or guardian, where applicable) confirms the following by signing Section 6:

☐ I have been given a full explanation, in plain language, of the nature of the publication, the journal, the content to be published, and the audience it will reach.

☐ I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

☐ I understand that, once published, the article will be freely available to anyone online and may be shared and downloaded by readers around the world.

☐ I understand that, although the authors will take reasonable steps to protect my identity, complete anonymity cannot be guaranteed in a scientific publication.

☐ I consent to the publication of my clinical details and/or the images listed in Section 3 in the Libyan Journal of Dentistry.

☐ I consent to reproduction of this content in other publications (including systematic reviews or meta-analyses) that cite the original LJD article.

☐ I understand that I retain the right to withdraw this consent at any time prior to publication by notifying the corresponding author in writing. After publication, withdrawal is no longer possible.

☐ My consent is given freely and has not been influenced by any promise of benefit or threat of disadvantage from the treating team.

5. Restrictions Requested (if any)

If the patient or guardian wishes to request that specific details be omitted, obscured, or excluded from publication, complete the table below. Where no restrictions are requested, leave blank.

Restriction	Detail (if applicable)
I request that the following identifying details be removed or obscured:	
I request that the following images not be published:	
Other restriction:	

6. Signatures

Signature of the patient or guardian is required. A witness signature is optional but recommended where the patient is a minor or the process was conducted through an interpreter.

Full name (printed)	Signature	Date
Patient / guardian:		
Witness (optional):		
Corresponding author (confirming receipt):		

7. Interpreter / Translator Declaration (if applicable)

Complete this section only if the consent process was conducted in a language other than English or Arabic, or required the assistance of an interpreter. Leave blank if not applicable.

Interpreter / translator name:	
Language(s) used:	
Interpreter signature:	
Date:	

8. Declaration by the Corresponding Author

By signing in Section 6, the corresponding author confirms the following:

☐ I have personally explained the purpose of the publication to the patient (or guardian) in language they could understand, or I have confirmed that a qualified interpreter did so.

☐ I am satisfied that the patient (or guardian) has given free and informed consent.

☐ The signed original of this form is held securely on file and will be retained for a minimum of ten years from the date of publication.

☐ I will supply this form to the editorial office of the Libyan Journal of Dentistry on request.

☐ I confirm that, to the best of my knowledge, this manuscript does not contain any information that could identify the patient beyond what is explicitly consented to in Section 3 and Section 5.

Submission: Upload a signed copy of this form as a supplementary file when submitting your manuscript via the LJD online system, or email it to library.dent@uob.edu.ly. The editorial office will not send case reports or manuscripts containing identifiable patient information for peer review until a completed and signed Patient Informed Consent Form has been received.