Jurnal Bedah PABI
The Indonesian Journal of Surgery
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PATIENT CONSENT FOR PUBLICATION

Article Information

Title of Manuscript : .....
Corresponding Author :
.....
Affiliation : .....
Email : .....

Patient Information

Patient Full Name : .....Date of Birth / Age :.....

I hereby give my consent for the publication of information related to my medical condition, including clinical data, medical history, diagnostic findings, treatment details, surgical procedures, and relevant medical images for scientific, educational, and research purposes in The Indonesian Journal of Surgery (Jurnal Bedah PABI) and related academic platforms.

I understand and agree that :

1. **Voluntary Participation** : I understand that my participation in this publication is voluntary, and I may withdraw my consent at any time before publication without affecting my medical care. Once the article has been published, withdrawal of consent may no longer be possible.
2. **Anonymity and Confidentiality** : I understand that my personal identifying information will be kept confidential. Any identifying details will be removed or altered to protect my privacy.
3. **Purpose of Publication** : I understand that the purpose of publishing this information is to contribute to scientific knowledge, surgical education, and medical research.
4. **Public Accessibility** : I understand that the information may be published in print, online, or other academic media and may be accessible to the public worldwide.
5. **No Financial Compensation** : I understand that I will not receive any financial compensation for my participation in this publication.
6. **Understanding of Content** : I confirm that I have read and understood the content of this consent form and have been given the opportunity to ask questions regarding its implications.

If you are not the patient, what is your connection to them? (The individual providing consent must be a substitute decision-maker, legal guardian, or have power of attorney for the patient)
.....

What is the reason the patient cannot provide consent? (For example, is the patient a child, unresponsive, or dead) .....

Patient Declaration

By signing below, I agree to the publication of my medical information as described above.

....., dd-mm-yy

Patient/Respondent Witness* Corresponding Author's

(.....) (.....) (.....)

*if applicable