Indonesian Journal of Endocrinology Metabolism and Diabetes

Editorial office: Jl. Salemba Raya No.22, RT.4/RW.6, Kenari, Kec. Senen,
Kota Jakarta Pusat, Daerah Khusus Ibukota Jakarta, 10430
Email: inajemdperkeni@gmail.com
Website: https://inajemd.pbperkeni.or.id/index.php/journal

Harap download form ini pada menu "File" di kiri atas

Patient Consent Form for Case Report/Case Series

For patient's consent to publication for information about them in
Indonesian Journal of Endocrinology Metabolism and Diabetes (InaJEMD)

Name of person described in article in photograph:_____

Title of article:_____

[insert full name] give my consent for this information about **myself or my child or ward/my relative** [insert full name]:_____,
relating to the subject matter above the Information to appear in a journal article.

I understand the following:

1. The Information will be published without my name/child's name/relatives name attached and every attempt will be made to ensure anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me/my child/relative, if I was in hospital, or a relative may identify me.
2. The Information may be published in a journal which is read worldwide or an online journal. Journals are aimed mainly at health care professionals but may be seen by many non-doctors, including journalists.
3. The information may be placed on a website.
4. The Information has been committed to publication and it will not be possible to withdraw the consent.

Signed,

_____,_____

( )

Signature of the Doctor or Healthcare worker,

_____,_____

( )