UCLA Radiological Sciences Proceedings Patient Consent Form

Patient Name: _____

Date: _____

I consent for my medical case to be summarized in writing for publication in the UCLA Radiological Sciences Proceedings, a peer reviewed online journal. By consenting to the presentation of my case and any associated medical imaging, laboratory or other test results. I understand that I will not receive payment from any party. Refusal to consent to writing and presentation of my case will in no way affect the medical care I will receive. By signing this form below, I confirm that this consent has been explained to me in terms that I can understand.

I consent to the writing of my case summary, lab test results, diagnostic imaging or histopathology images to be used for educational/research purposes in the above named publication. I understand that this case summary may be seen by members of the general public in addition to students, physicians, and medical researchers that regularly use these publications in their professional education. Although my case will be summarized without identifying information such as my name, I understand that it is possible that someone may recognize me through the details of my case.

Signature _____

Consent obtained by Telephone: □Yes □No

Printed name_____

Witness _____

Printed name_____