

Informed consent form for the publication of personal information

I hereby give my consent for the publication in a scientific journal or conference of medical records, imaging tests, and any other type of information about the patient mentioned below that the authors deem relevant for teaching and scientific purposes.

Patient's name:

I understand that the patient's name will not be disclosed and that their identity will be kept confidential in both texts and images. Notwithstanding this, I understand that complete anonymity cannot be warranted.

This consent refers to the publication of information in Spanish and its translation into English, in a printed version, in electronic format in the journal's website, and in any other format used by the scientific journal, at present and in the future.

The journal is intended for physicians, but it may be read by other individuals. I may revoke this consent at any time prior to publication. However, once the information has been submitted for publication ("in print"), I may no longer revoke this consent.

I hereby state before the corresponding person or institution that I understand and agree with the aforementioned information and that I have received a copy of this document.

Name of person giving consent:

ID card number: Relationship to the patient (if applicable):

Signature: Date:

Name of healthcare provider:

Signature: Date:

The participation of minors and their responsible adults in the consent process will be adapted to the regulations on the autonomy of children and adolescents in each country.

For Argentina, depending on the patient's age, the person giving consent will be:

- Age 16 years or older: the patient.
- Age 13 years or older but younger than 16 years: the patient, with the documented assistance of their father/mother/legal guardian.
- Age 8 years or older but younger than 13 years: father/mother/legal guardian, with the patient's documented assent.
- Age 8 years or younger: father/mother/legal guardian.

Person assisting/assenting:

ID card number: Relationship to the person giving consent:

Signature: Date: