

# RAD

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## Patient Consent Form

I, \_\_\_\_\_ (name of the person signing this form) agree with the publishing of my/my minor child's/my relative's case history, family history, photograph, other image (e.g. CT scan) or other medical documentation in RAD journal, published by the Croatian Academy of Sciences and Arts (CASA). I confirm I have read and discussed the material to be published with \_\_\_\_\_, the author/coauthor of this article.

Please, read the following conditions.

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2. The materials will be published without your/the patient's name and any other unnecessary information that may reveal your/the patient's identity. However, the complete anonymity is impossible. You/the patient may be recognised by the people who took care of you/the patient in the hospital or by your/the patient's friends and family members who know about your/the patient's condition.
3. This article, including the materials will be published in RAD journal, which is read chiefly by physicians and other healthcare professionals. However, other people such as professors, students and journalists may access it as well.
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5. Before the publication, the text of this article may be subject to edition for grammar, style and consistency.
6. You/the patient will not have any financial gain from the publication of this article.
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8. The editorial board of RAD journal may contact you based on the contact information you provided on this form.

I have understood all conditions.

Name

Name of the minor child/the patient

The reason why the patient can't sign this form

## Patient Consent Form

Date

Signed

Contact info.

Author

Short description of the materials in the article

Short provisional title of the article

Date

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