

Patient's Consent to Publication

Name of patient _____

Title of article _____

Journal title _____ Fujita Medical Journal _____

Name of corresponding author _____

Signature _____

Date _____ / _____ month _____ / _____ date _____

1. I give permission for the information of [^{name of patient} _____, Relationship with me myself, family (in detail _____), others (in detail _____)](hereafter referred to as ~~the information~~ ^{the information}) to be published in the article in the journal mentioned above.

2. I have seen the manuscript.

3. I understand the following.

- My name will not be published.
- The information will be anonymized as much as possible to make personal identification hard.
- I understand, however, that it is impossible to guarantee complete elimination of the possibility that somebody who knows me well (such as my friend) may identify me from the contents of the article.
- If a personally identifiable picture (such as a picture including my face) will be published, separate consent about it will be required.
- Fujita Medical Journal is an open access journal. Open access refers to a system in which, based on Creative Commons 3.0 Unported license (CCBY license), anybody can download articles in the journal and can reuse with or without modification, copy, and distribute it provided he/she quote it properly.
- I can withdraw my consent at anytime before the acceptance of the article, but once the article has been accepted by the editorial board of Fujita Medical Journal, it will not be possible to withdraw the consent.