

**Patient Consent Form for Publication**

I give my permission for the following materials to be published in MedPharmRes (The English Journal of Y Hoc Thanh Pho Ho Chi Minh).

Title of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Name of patient (or guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If the guardian is signing this form instead of patient, state the relationship to the patient)

2. Description of the materials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Medical record, photograph, video, or audio, etc.)

 I understand the followings and confirm that:

1. I am fully informed about the patient consent form.

2. My name or any identification will not be published in the article.

3. My personal materials (medical record, photograph, video, or audio, etc.) will be used in the scientific publication by signing this patient consent form.

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Signed Date