



TUBERCULOSIS and THORAX

TÜBERKÜLOZ ve TORAKS

PATIENT'S CONSENT FORM

Patient Name-Surname:

Title of the Manuscript:

Corresponding Author:

I..... give consent for clinical information and related images about myself or/my relative to be published with the scientific purposes.

I understand the following;

In the article to be published, I understand that my personal information such as my name and ID number, address, phone number, payment information will be kept confidential.

I understand this article will be published in a medical journal, distributed electronically and on paper to doctors, nurses, and other medical personnel.

I understand that my/my relative's information will not be used out of context or advertising.

I realized that I can revoke my consent at any time before the article is published.

Date:

Signature: