



TÜBERKÜLOZ ve TORAKS

TUBERCULOSIS and THORAX

For a patient's consent to the publication of information about them in Tuberculosis and Thorax

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 in the journal Tuberculosis and Thorax in print and/or electronically.

I understand the following;

1. 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
2. I understand this article will be published in a medical journal, distributed electronically and on paper to doctors, nurses, and other medical personnel.
3. I understand that my/my relative's information will not be used out of context or advertising.
4. I realized that I can revoke my consent at any time before the article is published.

DATE:

SIGNATURE:

This form should be sent to following address or scanned and uploaded as a PDF file to submit.tuberktoraks.org after it is signed by the corresponding author.

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