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I hereby confirm that the patient mentioned in the above-named article provided his/her informed consent for this article to be published in the journal "Swiss Medical Weekly" and/or the preprint server "SwissMedPreprints" and that I have archived the consent form in the patient's medical record.	
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Consent form

Name (patient):		
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me	ereby give my consent for the information about me to be published in the online edical journal "Swiss Medical Weekly" and/or the preprint website wissMedPreprints".	
I h	ave seen the figures, if applicable, and have read the text to be published.	
l h	ave taken note of following:	
1.	My name will not be mentioned in the published article. I understand, however, that complete anonymity cannot be guaranteed.	
2.	The material will be published in in the online journal "Swiss Medical Weekly" (www.smw.ch) and/or on the preprint server SwissMedPreprints (www.swissmedpreprints.pub). Both websites are freely accessible to everyone free of charge. The articles are mainly read by healthcare professionals but may also be seen by many others.	
3.	The material is not allowed to be published elsewhere without my renewed consent.	
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(This form must be archived in the patient's medical record)