



Consent Acknowledgement Form

For all submissions:

I, _____, declare that informed consent was obtained from the patient(s) or legal guardian(s) for the use of any identifiable patient information included in the submission. Such information includes any information that can identify the patient, even by the patients themselves. This includes, but is not limited to, patient descriptions, descriptions of disease course, and accompanying media. As part of this consent, the patient understood and agreed to allow publishing of their information in print and online. This declaration extends to all pictures, videos, pedigrees, figures, tables, and other digital media being submitted for publication to the American Medical Student Research Journal. If any breach of consent and/or violation of medical legal practices are committed, I take full responsibility for the fault. Furthermore, I assume all legal responsibility for any infractions regarding the information being published by the American Medical Research Journal on my behalf.

For consent obtained from a legal guardian

If consent was obtained by a parent in cases concerning minors or by a legal guardian, please use the lines below to clarify the circumstances.

(Author Printed Name)

(Author Signature)

(Date)

(Witness Printed Name)

(Witness Signature)

(Date)