知情同意书

患者姓名：
监护人或直系亲属姓名（如患者无法签署）：

拟发表文章题目：Myocarditis as an extraintestinal manifestation of ulcerative colitis: A case report and literature review

我（正楷书写全名）同意关于我/患者的相关病情进行发表

我确认

已看到关于我/患者的病情文字描述及影像

已阅读并了解了待发表的文章内容

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Name of patient: 

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(if patient is not able to sign this form)

Provisional title of the manuscript: Myocarditis as an extraintestinal manifestation of ulcerative colitis: A case report and literature review

__[PRINT FULL NAME]__ give my consent for the image and/or relative information about me/the patient to publish.

I confirm that I: (please tick boxes to confirm)

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☑ have read and understand the content of the article to be submitted

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I understand the following:

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2. The image and/or relative information may show details of my/the patient’s medical condition and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.

3. I/the patient will not receive any financial benefit from publication of the article.
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