

Cardiovascular Medicine

Kardiovaskuläre Medizin / Médecine cardiovasculaire

Consent form to be read and signed by patients consenting to publication of material concerning them in the journal “Cardiovascular Medicine”

Name of patient: _____
Title of article: _____
Photographs used: _____

I have seen and read the material appearing in the above-mentioned article and hereby give my consent to its publication in the journal “Cardiovascular Medicine”.

I have read and understood the following:

1. My name will not appear in the published material, but I understand that my anonymity cannot be completely guaranteed and that someone may identify me.
2. The material will be published in the journal “Cardiovascular Medicine” and in its website (www.cardiovascmed.ch) which is freely accessible in the Internet. The journal is published in Switzerland with a circulation of 8100 copies.
3. The material will not be used by EMH Swiss Medical Publishers Ltd. without my consent for any purpose other than publication in “Cardiovascular Medicine”.

Signature: _____ Date: _____