

Title of the case report:

Author Name(s):

Institution(s):

Date:

I, the undersigned author of the above-mentioned case report / case series, hereby declare the following:

1. I have obtained written informed consent from the patient(s) for the publication of this case report / case series, any accompanying data and images. Where consent was obtained from someone other than the patient(s), I confirm that this proxy was authorised to provide consent on the patient's behalf.
2. Where the patient(s) is/are a minor(s), we followed local laws on the age and circumstances under which they may consent for themselves. If they were not of legal age to consent, consent was obtained from an authorised proxy i.e., the parents or legal guardian(s). If the minor(s) has/have reasonable understanding of the informed consent and implications, signature was also obtained from the minor(s).
3. Where the patient(s) provided consent themselves, I confirm that they had capacity to do so, and any mental or physical disabilities were taken into consideration in the process of informing and obtaining written consent.
4. Where the patient(s) has/have died, I confirm that the consent given still allows for publication.
5. I confirm that all content presented in this case report / case series, associated data and images have been anonymized to the best possible extent.
6. The original signed and dated consent form is held by the treating institution and will be retained according to institutional policies and procedures.
7. The informed consent form (please **do not** include with your submission) includes the name, age, medical history, diagnosis, treatment, and any other relevant information for each patient.
8. The patient(s)/authorized proxy have been fully informed of the purpose of this case report / case series, the potential risks and benefits of publication, and the consequence of disclosing their personal information.
9. The patient(s) or authorized proxy has been given the opportunity to ask questions regarding publication of the case report / case series, has had their questions answered fully and has approved the final version of the manuscript, all associated data and images prior to publication.
10. The patient(s) or legal guardian(s) has/have been informed that their consent and participation in the publication of this case report / case series is entirely voluntary. They have been informed that they have the right to withdraw their consent at any time.
11. I confirm that at least one of the authors of this paper was involved in the care of the patient(s).
12. I confirm that my article complies with the local law on consent and privacy.

By signing this declaration form, I acknowledge that I have read and understood the information provided above, and I attest to the accuracy of this declaration. I understand that any false or misleading information may result in the rejection of the case report / case series or other disciplinary actions.

As corresponding author, I hereby declare that I sign this document on behalf of all the authors of the above-mentioned case report / case series.

Corresponding author's signature:	
Date:	

Please submit this **Author Declaration Form** along with the case report / case series to the journal. **Note:** The informed consent form must NOT be submitted with your manuscript but must be made available to the journal if specifically requested.

Please retain a copy of this declaration for your records.