
Journal Of Atrial Fibrillation

The Journal Of Atrial Fibrillation
(JAFIB)

CONSENT FOR PUBLICATION OF MATERIAL

Manuscript No: _____
Title: _____
Author(s): _____

Patients or their guardians have the right to refuse to sign this consent form. Refusal to sign this form will NOT affect their care in any way.

I (we) give my (our) consent for this material to be published in JAFIB

I (we) have read the material to be published.

I (we) understand that:

My (our) name(s) and initials, as well as those of my (our) child's, will be not be published and that all efforts have been made to conceal our identities, however the facts of the case are such that anonymity cannot be guaranteed.

Both the printed and electronic versions may be seen by the general public.

If you are not the patient, what is your relationship to him/her? _____

Signature: _____

Date: _____

Print name: _____

Please return the signed form to Journal Of Atrial Fibrillation by email to
goutham.edula@jafib.com