

Patient Consent Form for Articles Containing Patient Details and/or Images



This form provides consent for MDPI to publish details and/or images from patients. It must be completed prior to publication.

Patient/representative details

Patient name: 주하식

If a representative is signing on the patient's behalf:

Name of patient representative: _____

Relationship of representative to patient: _____

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

Article details

Article title: Diffuse large B cell lymphoma misdiagnosed as a hematoma

Journal: Medicina

Authors: Yun Jiyoung, Jae Hyun Lee

Declaration by patient or their representative

I, the patient named above or the patient's representative, have read the abovenamed article in full (including text, figures, and supplementary material) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the patient) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.


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Signing this form does not remove any of my/the patient's statutory rights to privacy. I understand that I may revoke consent at any point prior to publication, but after publication my consent can no longer be withdrawn.

I understand that I/the patient will receive no financial benefit or compensation from publication of the article.

Patient and/or representative signature(s):



Place, date:

Inje University, Busan Paik Hospital, Department of Plastic & Reconstructive Surgery

2023.08.08