

Guidelines 34: Publication of Case Reports

A Case Report/Study is an in-depth analysis that describes individual patients or groups of patients with conditions, or treatment responses, that are considered interesting or unusual.

A case report does not require any form of Trust or Ethical approval provided that:

- The report relates to an individual patient
- The report is fully and carefully anonymised
- The patient, or patient representative's, written informed consent to publication has been obtained

Individual journals/publications may have their own requirements for publication of case reports, including their own consent forms. Authors are advised to check these requirements at an early stage. The Trust Research, Innovation and Genomics (RIG) department can provide a review and approval, if this is required by the journal.

Authors are advised to contact the Library & Knowledge Services team to ensure that their publication will be included in the Gloucestershire Evidence & Research repository.

Consent

If the journal's specific consent form (if applicable) has not been used, a journal may request a blank copy of the form used to be submitted to them to verify that it meets their best practice recommendations.



Gloucestershire Hospitals


NHS Foundation Trust

Completed consent forms must not be submitted to the journal. Completed consent forms should be filed within the patient's medical records, with a copy provided to the patient/patient representative.

An example consent form can be found in appendix 1, for use if required.

Appendix 1: Template Consent form for Case Report Publication

Document template can be found here: [Consent form v1](#), or contact RIG (ghn-tr.researchandinnovation@nhs.net) for a copy.

 Gloucestershire Hospitals NHS Foundation Trust	
Case Report – Patient Informed Consent	
Title of Case Report:	
Case Report Author:	
Author Contact details:	
Name of Patient:	
<i>If applicable (e.g. Patient is under 16, patient is incapable of giving consent or patient has died):</i>	
Name of Patient representative:	
Relationship to patient:	

I _____ *[PRINT FULL NAME]*, confirm that I have seen and read the material to be published, and give my consent for this information about [myself / the patient named above] to be used in this Case Report.

I understand that:

- The material will be published without my/the patient's name attached and every attempt will be made to ensure anonymity, however I understand that complete anonymity cannot be guaranteed. It is possible that someone may be able to identify me/the patient, for example, someone who looked after me or a relative.
- The material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- The material may be used in full or in part, in print or digital formats. The material may appear in local editions of journals or other publications, published in the UK and overseas and may be presented at a conference or educational event.
- Participation in this case study is completely voluntary, and my consent, or refusal, will not affect my/the patient's medical care in any way.

Publication of Case Reports v1.0 01/06/2026
Consent form for Case Report Publication



- I can revoke my consent at any time before publication, but once the article has been committed to publication it will not be possible to revoke the consent.
- I/the patient will not receive any financial benefit from publication of this material.

Signature of Patient / Patient's representative <i>*delete as appropriate:</i>	
Name:	
Signature:	
Date:	

Signature of person who has explained and administered this consent form:	
Name:	
Contact details*: <small><i>*if <u>not</u> the author detailed above.</i></small>	
Signature	
Date:	

This consent form should be filed in the patient's medical records.

A copy of this consent form should be provided to the patient/patient's representative.