

**ECCMID-IDWeek Fellows Exchange Program
Cover Letter and Consent Form**

Date _____

Submitted case report title: _____

Diagnosis: _____

ECCMID-IDWeek Reviewers;

By my signature below, I, **[enter submitting author's full name here]** confirm that all contributors are represented and those listed have significantly contributed to the case.

I confirm that the submitted case information and images have not been published previously or submitted for publication elsewhere, and that all contributing authors have agreed to its submission and publication.

I confirm that I am a current member of one of the **IDWeek** partner societies for 2018. My member ID is: _____

I confirm that patient confidentiality has been respected and HIPAA regulations have been met.

If identifiable patient information appears in the case for **IDWeek** reviewers, I confirm that this has been submitted with the patient's consent and that a signed consent form according to HIPAA regulations has been obtained and is on file.

If an image of a physical finding is present (even if it is not identifiable), I confirm that the patient or their legal representative has signed a consent form for the image or images to be published for medical education, and that the consent form is on file.

A complete list of authors includes:

Name of ID Fellow submitting case: _____ Date _____

Signature _____ Contact information: _____

Institution _____