

**Pediatric Fellows' Day Case Submission  
Cover Letter and Consent for the Publication of Cases**

Date\_\_\_\_\_

Submitted case report title: \_\_\_\_\_

Diagnosis:\_\_\_\_\_

**PIDS** reviewers and editors of *the Journal of the Pediatric Infectious Diseases Society*;

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, if this case is accepted, all contributors are acknowledged in this letter and case report and have given their permission for the case to be published in the *Journal of the Pediatric Infectious Diseases Society*, and have agreed to the transfer of copyright of the case and images to the Pediatric Infectious Diseases Society if the case is accepted for presentation.

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

If identifiable patient information appears in the case for **PIDS** 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 Fellow or Faculty submitting case: \_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_ Contact information:\_\_\_\_\_

Institution\_\_\_\_\_

Name(s) of additional contributor(s) and their consent with the above statements:

Name\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

Institution\_\_\_\_\_

Name\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

Institution\_\_\_\_\_

Name\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_

Institution\_\_\_\_\_

[If necessary, please use an additional document or documents to obtain the signature of all of the contributing authors.]