

IDWeek 2021 Fellows' Day Workshop
Cover Letter and Consent for the Publication of IDWeek Fellows' Day Cases

Date_____

Submitted case report title: _____

Diagnosis:_____

IDWeek reviewers and editors of the Partners Infectious Disease Images web site;

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.

For General/Adult ID Case Reports: I confirm that, if this case is accepted, I transfer copyright of this material including text and images to the Infectious Diseases Society of America for future IDWeek publication, publication on the Partners Infectious Disease Images web site (www.idimages.org)*, and in all formats including translation, the production of audio/video record oral presentations for later sale or publication, and the right to allow third parties to carry out any of these activities.

**Only the cases submitted in General ID or Adult ID training programs will be considered for publication on the Partners Infectious Disease Images website (www.idimages.org).*

For Pediatric ID Case Reports: 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 and Infectious Diseases Society of America (IDSA) if the case is accepted for presentation.

I confirm that patient confidentiality has been respected and HIPAA regulations have been met. See links below for guidance:

https://privacyruleandresearch.nih.gov/pr_08.asp

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/Resident/Medical Student submitting case: Emma Myers

Date: 4/19/2021

Signature_____

Contact information: epmyers11@gmail.com

Institution: Riverside Medical Center

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

Name: Dr. Michael Anderson Signature_____ Date_____

Institution: Riverside Medical Center