

**Pediatric Fellows' Day Case Submission
Cover Letter**

Date _____

Submitted case report title: _____

Diagnosis: _____

PIDS reviewers:

By my signature below, I, _____, confirm that all contributors are represented and those listed have significantly contributed to the case.

I confirm that I am a medical student, pediatric resident, pediatric infectious diseases fellow, or a trainee in a combined program including one of the above (eg, internal medicine/pediatrics).

I confirm that the submitted case information and images have not been published previously and will not be published prior to Pediatric Fellows' Day, and that all contributing authors have agreed to its submission.

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

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

Name of trainee submitting case: _____

Institution: _____

Signature: _____ Date: _____

Name of faculty mentor for the case: _____

Institution: _____

Signature: _____ Date: _____

Additional author(s):

Name: _____ Institution: _____

Signature: _____ Date: _____

Name: _____ Institution: _____

Signature: _____ Date: _____

Name: _____ Institution: _____

Signature: _____ Date: _____

Name: _____ Institution: _____

Signature: _____ Date: _____

Name: _____ Institution: _____

Signature: _____ Date: _____

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