

CONSENT FORM

You are being invited to participate in a Peer Review Article Project conducted to understand doctors' opinions, clinical insights, and expert perspectives on selected medical literature. Your participation will contribute to enriching peer-reviewed content and supporting evidence-based healthcare communication.

Participation Details

- **Voluntary Participation:** Your participation in this review is entirely voluntary.
- **Confidentiality:** Your review will be kept confidential and used solely for research and publication purposes. No personally identifiable information will be shared.
- **Anonymity:** Feedback will be analysed and reported in aggregate, ensuring your anonymity unless explicit consent for attribution is provided.
- **Intellectual Property:** Any insights, comments, or reviews contributed will be used exclusively for the Peer Review Article Project and associated publications.
- **Right to Withdraw:** You may withdraw from participation at any time without consequence.

I have read and understood the purpose and details of this Peer Review Article Project. I willingly provide my consent to participate and authorize the use of my contributions for research, review, and publication purposes in compliance with confidentiality and ethical guidelines.

Personal Details

Dr. Name: _____

Specialization: _____

Contact Number: _____

Email: _____

Signature: _____

Date: _____

Your expert insights will contribute to advancing medical knowledge, improving peer review quality, and informing future healthcare publications.

For any questions or concerns about this article, please contact:

Review Coordinator:

Email:

Phone: