**GOOD PRACTICE STATEMENT**

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the clinical case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify that:

⬜ I have actively participated in the care of the patient referred in the clinical case in my Department or, alternatively, I have the endorsement of the team responsible for the patient to communicate the clinical case.

⬜ I have the authorization from the colleagues from other Departments involved in the patient's care for the use of the clinical information collected and / or generated by them.

⬜ I am the first author of the clinical case whose title is presented above.

⬜ The clinical case is original and has not been presented in Scientific Meetings or Congresses, journals, books or any related modality of publication.

⬜ The collaborators have read and approved the final version of the clinical case and agree to be listed as coauthors. PLEASE, LEAVE UNCHECKED IF YOU HAVE NOT LISTED ANY COLLABORATOR.

⬜ The supervisor has read and approved the final version of the clinical case and agrees to be listed as reviewer.

⬜ I understand clinical cases not complying with the Participation Rules will be automatically rejected.

⬜ I understand my clinical case will undergo a structured assessment by two Jury members and that their decision will be final and unappealable.

⬜ I accept that if my clinical case is selected, it will be published in the eBook “The Best Clinical Cases of the Year in Intensive Care Medicine”. A Copyright Transfer Agreement must accompany the clinical case for this reason.

Date (DD/MM/YYYY):

Signature: