



## General/Adult ID Case Submission Cover Letter

Date \_\_\_\_\_

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

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

IDWeek reviewers and editors of the Partners Infectious Disease Images website;

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, resident, infectious diseases fellow, or a trainee in a combined program including one of the above (eg, internal medicine).

I confirm that the submitted case information and images have not been published previously and will not be published prior to the date of presentation, and that all contributing authors have agreed to its submission.

**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](http://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](http://www.idimages.org)).*

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 with your institution.

A complete list of authors includes:

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: \_\_\_\_\_

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