



ETHICAL APPROVAL & CONSENT DECLARATION FORM

Manuscript Title: _____

Author(s): _____ Institution: _____

1. Ethics Approval (IRB)

- **Approving IRB / Committee Name:** _____
- **Approval / Protocol Number:** _____
- ☐ The study complies with the Declaration of Helsinki and approval details are stated in the manuscript *Methods* section.

2. Informed Consent

Check all that apply:

- ☐ **Participation Consent:** Written (or IRB-approved verbal) consent was obtained from all subjects.
- ☐ **Publication Consent:** Written consent was obtained to publish identifying photos/clinical details (if applicable).
- ☐ **Consent Waiver:** Consent was waived by the IRB for urgent public health reasons and is justified in the *Methods*.

3. Vulnerable Populations

Did this study involve minors, pregnant women, impaired individuals, prisoners/refugees, or subordinate groups?

- ☐ **NO**
- ☐ **YES** — If yes, check required safeguards met:
 - ☐ Written parental/guardian consent obtained (for minors).
 - ☐ Child assent obtained (for children aged ≥ 7).
 - ☐ Legal representative/surrogate consent obtained (for impaired/unconscious adult patients).
 - ☐ Justification for using vulnerable groups provided in the *Methods*.

4. Author Declaration

I/We verify that participants were fully informed, given adequate time to decide, and participated voluntarily. I/We take full responsibility for the ethical standards of this work.

Author Name: _____

Email: _____

Signature: _____ Date: _____

Stamp of Authorized institution: _____