Consent Form

You are being invited to participate in a LIVE CME Session conducted to understand clinical insights, and expert perspectives on selected medical literature. Your participation will contribute to enriching LIVE CME Session content and supporting evidence-based healthcare communication.

Participation Details

- **Voluntary Participation**: Your participation in this LIVE CME Session is entirely voluntary.
- **Confidentiality**: Your details 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 LIVE CME Session 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 LIVE CME Session. 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 LIVE CME Session quality, and informing future healthcare publications.

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

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