

Consent Form

For a patient's consent to publication of images and/or information about them.

Name of patient:

Provisional title of Article:

Journal:

Consent

I, the undersigned, give my consent for publication of Material, which may include photographs or other images, case history, and/or other relevant medical details, in the above Article and Journal.

I confirm that:

(please circle)

I have seen and read the Material to be published (Article attached) YES / NO

I have discussed this consent form with _____ , YES / NO
who is an author of this Article

I understand the following: YES / NO

- (1) Although every attempt will be made to remove identifying information, I understand that it is possible that somebody may recognise me/the patient from the Material included in the Article.
- (2) The article may be published in print and online. Although the primary audience is medical doctors and other healthcare professionals, the Material will be freely available to other readers including journalists and general members of the public.
- (3) I/the patient will not receive any financial benefit for this material, and will not have a claim on any possible future commercial uses of this Material.
- (4) The text of the Article will be edited for style, grammar, and consistency before publication.
- (5) I/the patient can revoke this consent at any time *before* publication, but after the Article has been published it will not be possible to revoke the consent.

Signed:

Date:

Name:
(please print)

Relationship to patient:
(if applicable)

Author:
(please sign)

Date:

Author name:
(please print)