

CONSENT FORM

For a patient's consent to publication of information about them in

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: _____

Journal name:

Manuscript number _____

Title of article: _____

Corresponding author: _____

I _____ [insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above ("the Information") to appear in the journal and associated publications.*

I have seen and read the material to be submitted to the journal

I understand the following:

1. The Information will be published without my name attached and the journal will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - may identify me.
2. The text of the article will be edited for style, grammar, consistency, and length
3. The Information may be published in the journal, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.
4. *The Information may also be used in full or in part in other publications. This includes publication in English and in translation, in print, in electronic formats, and in any other formats that may be used by this journal or its licensees now and in the future. In particular the Information may appear in local editions of the journal or other journals and publications published overseas.
5. The journal will not allow the Information to be used for advertising or packaging or to be used out of context.
6. I can revoke my consent at any time before publication, but once the Information has been committed to publication ("gone to press") it will not be possible to revoke the consent.

Signed: _____

Date: _____