

Consent Form

Patient's consent for the publication of information relating to them in a medical journal and associated publications

To be completed by the corresponding author:

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

Subject of article or photograph: _____

Title of article: _____

Name of corresponding author: _____

Corresponding author's address: _____

To be completed by the patient/relative:

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 ("the *Information*") above to appear in a medical journal and associated publications.

I have seen any pictures and read the material to be published.

I understand that:

- My name will not be published in the *Information*. 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.
- The text of the article may be edited for style, grammar, consistency and length.
- The *Information* may be published in a journal which is distributed worldwide.
- The *Information* may also be placed on the journal worldwide website. Both the printed version and the website are seen and read by doctors, journalists, and members of the public.
- The *Information* may also be used in full or in part by other related publications and products published by the journal.
- The *Information* will not be used for advertising or packaging.
- The *Information* will not be used out of context.
- 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.

Name of Patient: _____

Signature of Patient: _____

(or the person giving consent on behalf of the Patient – please specify)