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 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• My name will not be published in the Information.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)