

Patient Consent Form for Articles Containing Patient Details and/or Images

This form provides consent to publish details and/or images from patients.
It must be completed prior to publication

Patient/representative details

Patient name:

If a representative is signing on the patient's behalf:

Name of patient representative:

Relationship of representative to patient:

By signing this form, I confirm that I have the authority to represent the patient and provide authorization on their behalf.

Article details

Article title:

Journal:

Authors:

Declaration by patient or their representative

I, the patient named above or the patient's representative, have read the above named article in full (including text, figures, and supplementary material) and agree to its publication. I am fully aware of the implications of publication and accept any associated risk. In particular, I understand that, despite anonymization, it is possible that I (or the patient) may be identified based on the details or images contained in the article. While the authors and the publisher will make efforts to minimize this risk, confidentiality cannot be guaranteed.

I understand that the paper will be published online in open access format (using a creative commons CC BY 4.0 license, <http://creativecommons.org/licenses/by/4.0>), meaning that it can be downloaded, copied and reused without limitation. This includes any figures, tables, and supplementary data. The primary audience for the published paper will be healthcare professionals, research academics and students from across the globe.

The final published version may differ from the one submitted to the journal due to minor revisions, changes to style, and reformatting. Publication in the journal mentioned above is not guaranteed and will take place at the discretion of the publisher, and with permission of the Editor-in-Chief (or a qualified Editorial Board member) after a peer review process.

Signing this form does not remove any of my/the patient's statutory rights to privacy. I understand that I may revoke consent at any point prior to publication, but after publication my consent can no longer be withdrawn.

I understand that I/the patient will receive no financial benefit or compensation from the publication of the article.

Patient and/or representative signature(s):

Signature:

Date: