

Consent form

For patient's consent to publication of material about them in:

Journal Name: _____

Material, e.g. photograph, case report etc: _____

Date: _____

I give my consent for this material to appear in the above journal and associated publications.

I understand the following:

(1) The material will be published without my name attached and every attempt will be made 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 material may be published in the above journal, which is circulated mainly in the UK but may be obtained worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.

(3) The material will also be placed on the Rila's world wide web site. At the moment access to this site is restricted, but some sections are open to the general public

(4) The material may also be used in books published by Rila.

(5) The material will not be used for advertising or packaging.

Signed: _____

I also give consent for the material to be used in other publications that may approach the Rila so long as the following criteria are met:

(1) The material will not be used for advertising or packaging.

(2) The material will not be used out of context - for example, a picture will not be used to illustrate an article that is unrelated to the subject of the photograph.

Signed: _____ Name (block capitals); _____