

Consent to publish

Name of patient/patient's representative:

Relationship to patient (if patient not signing this form):

Provisional title of article in which material will be included:

Description of the material, image or text about the patient:

I _____ [Full Name] give my consent for the material about me/the patient named above to be used in medical publication.

I confirm that I have seen the material and understand that:

- The material will be published without my/the patient's name attached, however complete anonymity cannot be guaranteed.
- The text of the article may be edited for style, grammar and consistency before publication.
- I/the patient will not receive any financial benefit from publication of the article.
- The article may be published in English and in translation, in print and in digital formats now and in the future. The article may appear in UK based publications and overseas.
- I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke my consent.

Signed:

Print name:

Address:

Email address:

Telephone no:

If signing on behalf of the patient, please give the reason why the patient can't consent for themselves (e.g. patient is under 18):