

## Consent form

For a patient's consent to publication of images and/or information about them in IMJ publications.

Name of patient: \_\_\_\_\_

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

Description of the photo, image, text or other material (**Material**) about the patient. **A copy of the Material should be attached to this form:** \_\_\_\_\_

Provisional title of article in which Material will be included: \_\_\_\_\_

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### CONSENT

I \_\_\_\_\_ [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in a IMJ publication.

**I confirm that I:** (please tick boxes to confirm)

- have seen the photo, image, text or other material about me/the patient**
- have read the article to be submitted to IMJ**
- am legally entitled to give this consent.**

I understand the following:

- (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient.
- (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future.
- (3) The article may be published in a journal which is distributed worldwide. IMJ's publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (4) The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. Once published, the article will be placed on a IMJ website and may also be available on other websites.
- (5) The text of the article will be edited for style, grammar and consistency before publication.
- (6) I/the patient will not receive any financial benefit from publication of the article.

- (7) The article may also be used in full or in part in other publications and products published by IMJ and/or by other publishers. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by IMJ or other publishers now and in the future. The article may appear in local editions of journals or other publications, published in the UK and overseas.
- (8) 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 the consent.
- (9) This consent form will be retained securely and in confidence by IMJ in accordance with the law, for no longer than necessary.

*Please tick boxes to confirm the following:*

- I consent to IMJ storing my contact details (including outside of the EEA) for the sole purpose of contacting me, if necessary, in the future.
- Where this consent relates to an article in *IMJ Case Reports*, I have/the patient has had the opportunity to comment on the article and I am satisfied that the comments, if any, have been reflected in the article.

*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 deceased, under 18 or has cognitive or intellectual impairment).*

\_\_\_\_\_ *Date:* \_\_\_\_\_

- If you are signing for a family or other group, please tick the box to confirm that all relevant members of the family or group have been informed.*

**If the patient is a child aged 7 years or older**, they must also confirm their consent:

*Signed:* \_\_\_\_\_

*Print name:* \_\_\_\_\_

*Date of birth:* \_\_\_\_\_

*Date:* \_\_\_\_\_

**Details of person who has explained and administered the form** to the patient or their representative (e.g. the corresponding author or other person who has the authority to obtain consent).

*Signed:* \_\_\_\_\_

*Print name:* \_\_\_\_\_

*Position:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Institution:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Email address:* \_\_\_\_\_

*Telephone no:* \_\_\_\_\_

*Date:* \_\_\_\_\_