## CONSENT TO PUBLISH FORM

## Patient or study participant consent for publication of their identifiable details in relation to:

Title of manuscript:

	("Article")
Journal:	
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I, the undersigned, give my consent for the publication of identifiable details, we photograph(s) and/or videos and/or case history and/or details within the text published in the above Journal and Article. I confirm that I have seen and been at to read both the Material and the Article (as attached) to be published. I have form with, who is an	("Material") to be given the opportunity discussed this consent
I understand that all journals may be available in both print and on the internet to a broader audience through marketing channels and other third parties.	t, and will be available
Therefore, anyone can read material published in the Journal. I understand that not only medical professionals and scholarly researchers but also journalists and the public.	•
Patient/study participant name	(please print)
Signed by (name)	(please print)
NOTE: If the patient/study participant is a minor (i.e. less than 18 years of age), provide informed consent for publication, this must be signed by their parent o	
NOTE: If the patient/study participant is deceased, this must be signed by their	next of kin.
Date	
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Relationship to patient/study participant, if applicable:	
Author name	_(please print)
Date	
Signed	

Instructions to Authors: Please complete this form and obtain the patient's or study participant's signature and keep a copy on record. The manuscript reporting the patient's or study participant's details should state that consent for publication was obtained. You may use this template sentence as appropriate: *"Written informed consent for publication of their details was obtained from the patient/study participant/parent/guardian/next of kin"*. Please be ready to share the form with the journal editorial office if requested.