

Consent Form

Patient's consent for the publication of material relating to them in *The Discover Publishing Group* journals

This consent form should be retained by the corresponding author and should not be sent to *The DPG* journals until specifically required by the concerned journal editor or legal agencies.

To be completed by the corresponding author:

Subject of article or photograph: _____

Name of author submitting material: _____

Corresponding author's address: _____

Manuscript reference number, if known (e.g. D-11-02675): _____

To be completed by the patient:

I give my consent for all or any part of this material to appear in *The European Journal of Medical Case Report* and all editions of the other journals published by Discover Publishing Ltd, and any other works or products, in any form or medium.

I understand that:

- My name will not be published with the material and *The Lancet* journals will endeavour to ensure my anonymity. However, despite *The Lancet* journals' best efforts, I understand that it is possible that somebody, for example members of my family or the health care staff who have looked after me, may recognise me from the image and/or the accompanying text.
- The uses of my material may include (without limitation) publication of the material in the print and electronic editions of *The Lancet* journals, on websites, in sublicensed or reprinted editions (including foreign language editions), and in other works or products.
- I cannot revoke this consent once I have signed this consent form.
- This consent form will be retained by the corresponding author, and will not be sent to DPG Journals.

Signed: _____ Date: _____

Print name: _____

If you are not the patient, what is your relationship to them?

Witness: _____ Date: _____

Note to principal author: The original signed consent form should be retained by the principal author. A scanned copy should be submitted to the journal if required by the editorial office.

Note to health professional: In addition to the consent form, please ensure that any other necessary permissions are cleared for use of the information, including any permissions required for use of information contained in medical records.