

# Consent Form



Name of patient / person in article: \_\_\_\_\_

Journal Name: \_\_\_\_\_

Article Title: \_\_\_\_\_

Corresponding Author Name: \_\_\_\_\_

I \_\_\_\_\_ [complete name] give my full consent for the information about myself / spouse / my child / my relative [high the correct description] relating to the subject matter above to be published in the journal.

## I understand that:

- The information will be published without my spouse / my child / my relative (highlight the appropriate) name attached and USG will make every attempt to ensure full anonymity.
- Under the license which the USG uses (the Creative Commons Attribution License), material (text and any pictures or videos) published in USG journals can be redistributed freely and used for any legal purpose, including translation into other languages and commercial uses.
- Once the Information has been committed to publication it will not be possible to revoke the consent.
- Signing this consent form does not remove my rights to privacy.

Name.....

Date.....

Signed.....

The manuscript reporting this patient's details should state that **"Approved (signed) informed consent for publication of their details and/or images were obtained from the person or patient / parent / care-taker / guardian / relative of the person / patient"** (include only the appropriate field in the text).