Patient Consent Form for Publication

For a patient's consent to the publication of information about them by Meral Publisher.

SUBMISSION DETAILS

Name of person described / shown

Subject matter of photograph or article

Journal Name

Manuscript Number

Title of Article

Corresponding Author

STATEMENT OF CONSENT

I, _____ (full name), give my consent for the information described below ("the Information"), relating to the subject matter above, to appear in Meral Publisher and associated publications.*

This information relates to:

◯ Myself ◯ My child or ward ◯ My relative

☐ I have seen and read the material to be submitted to Meral Publisher.

I UNDERSTAND THE FOLLOWING

1. The Information will be published without my name attached, and Meral Publisher will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed — it is possible that somebody, somewhere, may identify me.
2. The text of the article will be edited for style, grammar, consistency, and length.
3. The Information may be published by Meral Publisher, which is distributed worldwide, mainly to medical and academic professionals but also seen by many non-specialists, including journalists.
4. *The Information may also be used, in full or in part, in other publications — including in translation, in print, electronic, and other formats, now and in the future — and may appear in local or overseas editions of Meral Publisher or affiliated titles.
5. Meral Publisher will not allow the Information to be used for advertising or packaging, or to be used out of context.
6. I can revoke my consent at any time before publication, but once the Information has been committed to publication ("gone to press") it will not be possible to revoke consent.

SIGNATURE

Signed (type full name as digital signature)

Date

Asterisk (*) refers to the corresponding note in the Statement of Consent above.