Patient consent form

For a patient’s consent to publication of information about them in *The BMJ* and in associated BMJ Publishing Group Ltd (“BMJ”) publications and products. Please note that this form is also available in multiple languages.

Name of person described in article or shown in photograph:__________________________

Subject matter of photograph or article:__________________________

*The BMJ* manuscript number___________________

Title of article:_________________________________________________

Corresponding author:____________________

I_________________________________________[insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above (“the Information”) to appear in *The BMJ* and associated publications.*

I have seen and read the material to be submitted to *The BMJ*

I understand the following:

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2. The text of the article will be edited for style, grammar, consistency, and length
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7. 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 the consent.

Signed:__________________________________

Date:____________________