Consent Form for Publication in MNI Open Research

I, the undersigned, give my consent for information and images concerning my medical case history to be published in the article identified below (“The Article”) in the publication MNI Open Research.

I have discussed this consent form with the author of this paper named below, and I understand the following:

1. The content published in the Article, both text and images, will be freely available on the internet and may be seen by members of the general public and not limited to medical professionals.
2. My name will not be published and, as far as possible, all features that could identify me will be removed from the Article.
3. I understand that under the license which MNI Open Research will publish the Article (the Creative Commons Attribution License: https://creativecommons.org/licenses/by/4.0/), the Article can be redistributed freely and used for any legal purpose, including translation into other languages and commercial uses.
4. I acknowledge that it is not possible to ensure complete anonymity, and someone may be able to recognize me. However by signing this consent form I do not in any way give up, waive or remove my rights to privacy.

Name: ____________________________

Signed: __________________________

Date: ____________________________

Article: __________________________

______________________________

Author: __________________________

Signed: __________________________

Date: ____________________________

This form assumes the patient is able to give consent. If the patient is a minor or otherwise unable to give consent, then consent will be required from a parent or other guardian.

Please keep this consent form in the patient’s case files. The manuscript reporting this patient’s details should state that ‘Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/relative of the patient.’