 

Consent form for Publication, Release and Discharge

I …………………………….………………………………..………….... [Name] give my consent for information about myself including clinical histories, photographs, slides, video recordings, audio files, illustrations and other imaging records to be published in

 [Name of journal] ………………………………………………………………………………………………………………………………. [Manuscript number] …………………………………………………………………………………………………………….…………… [Corresponding author] …………………………………………………………………………………………………………….…………

NB: In cases where the patient has died or is incapable of giving consent, consent may be given by the next of kin. If the patient is under the age of 18, consent should be given by a parent or guardian.

I further consent to the release and transfer of copyright ownership to the Annals of African Surgery of such imaging records

I understand that the text, pictures, audio files, illustrations and or videos published in the article

1. will be used only in educational publications intended for professionals
2. may be available in any print, visual, electronic, or broadcast media
3. if the publication or product is published on an open access basis, I understand that it will be freely available on the internet and may be available to a broader audience which not only includes medical professionals and researchers but also the general public through marketing channels and other third parties.
4. shall become the property of the Annals of African Surgery

The text, videos and imaging records may also appear on other websites or in print, may be translated into other languages or used for commercial purposes.

I understand that the information will be published without my/my child or ward’s/my relative’s (circle

as appropriate) name attached, but that full anonymity cannot be guaranteed.

 I have been offered the opportunity to read the manuscript and reviewed all photographs, illustrations, slides, videotapes, or audio files (if included) in which I am included which will be published.

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. I may revoke my consent at any time before publication, but once the information has been committed to publication (“gone to press”), revocation of the consent is no longer possible.

I release and discharge the Annals of African Surgery, and all parties acting under their license and authority from all rights that I may have in the imaging records and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the imaging records in any medium or any claim arising from the distribution or publication by any third party.

I grant this consent as a voluntary contribution in the interest of public education and certify that I have read the above Authorization, Release and Discharge and fully understand its terms.

Patient Name………………………………… Date…………………………………. Signed………………………………..

Author/ Clinician name……………………….. Date………………………………… Signed………………………………

I have read the above Authorization, Release, and Discharge. I am the parent, legal guardian or conservator of …………………………….…………………, a minor. I am authorized to sign this consent on his/her behalf and I grant this consent as a voluntary contribution in the interest of public education.

Parent/ Guardian Name………………………………… Date…………………………………. Signed………………………………..

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 audiovisual files was obtained from the patient/parent/guardian/ relative of the patient. A copy of the consent form is available for review by the Editor of this journal.