

Consent form for patient's consent to publication of information about them in the African Journal of Emergency Medicine (AfJEM)

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

Subject matter of photograph or article: _____

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 journal and associated publications.*

I have seen and read the material to be submitted to the journal I understand the following:

- (1) The Information will be published without my name attached and AfJEM will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - may identify me.
- (2) The text of the article will be edited for style, grammar, consistency, and length
- (3) The Information may be published in the journal, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.
- (4) The Information will also be placed on the journal website, <http://www.afjem.com>
- (5) The AfJEM 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 the consent.

Signed: _____ Date: _____