

Consent form for a patient's/parent's consent to publication of images and/or information about them

Name of patient: [REDACTED]

Relationship to patient (if patient not signing this form): Mom

Description of the photo, image, text or other material (Material) about the patient:

Images of the liver biopsy, text about patient's clinical course and laboratory studies

Is the patient identifiable from the case report information?: No

CONSENT I [REDACTED] [PRINT FULL NAME] give my consent for the Material about me/the patient to appear in a publication. I confirm that I am legally entitled to give this consent. I understand the following: (1) The Material will be published without my/the patient's name attached, however I understand that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - for example, somebody who looked after me/the patient or a relative - may recognise me/the patient. (2) The Material may show or include details of my/the patient's medical condition or injury and any prognosis, treatment or surgery that I have/the patient has, had or may have in the future. (3) The article may be published in a journal which is distributed worldwide. (4) The article, including the Material, may be the subject of a press release, and may be linked to from social media and/or used in other promotional activities. (5) The text of the article will be edited for style, grammar and consistency before publication. (6) I/the patient will not receive any financial benefit from publication of the article. (7) The article may also be used in full or in part in other publications and products and/or by other publishers. This includes publication in English and in translation, in print, in digital formats, and in any other formats that may be used by other publishers now and in the future. The article may appear in local editions of journals or other publications, published in the UK and overseas. (8) I can revoke my consent at any time before publication, but once the article has been committed to publication ("gone to press") it will not be possible to revoke the consent. (9) This consent form will be retained securely and in confidence in accordance with the law, for no longer than necessary.

Signed: [REDACTED] Print name: [REDACTED]

Relationship to patient: mom

Witnessed: [REDACTED] Print name: [REDACTED]

Date: 12/13/2017

PC Primary  
MRN [REDACTED]  
DOB [REDACTED] Female  
DOS: [REDACTED] 11:30  
Alt: [REDACTED]  
FIN: [REDACTED]  
[REDACTED]