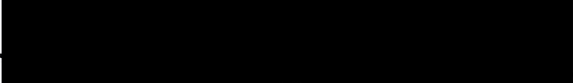


Consent form

I  [Name] give my consent for information about myself/my child or ward/my relative (circle as appropriate) to be published in

[Name of journal, manuscript number and corresponding author].

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.

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Signing this consent form does not remove my rights to privacy.

Name. 

Date. 12/23/20

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