INTERNATIONAL JOURNAL OF CONTEMPORARY MEDICINE

Consent Form for human research subjects

Consent of Living Subjects/Parents/Guardian/Next of kin for publication of material related to clinical images/videos in IJOCM

The consent form is for(pick one)

- Myself
- Minor under my care
- Deceased relative

Description of material (photograph/video/medical data):
1._____2._____3._____

Are you fully aware of the research being conducted, how your data will be used and its implications? (Y/N)

Name of author submitting the Material:

Manuscript Title (if known):

I give my consent for all or any part of the material referred to above to appear in the journal IJOCM in print and/or electronic form. I understand that the material may depict personal medical conditions of the patient(research subject)

I understand that:

No personally identifiable information will be disclosed in the material published by IJOCM. However, I acknowledge that it is possible for someone to identify the patient(research subject) through the accompanying photographs/videos or write-up. The use of material pertaining to the patient(research subject) may encompass various mediums, including but not limited to publication in printed and electronic editions, on websites, in sub-licensed or reprinted versions, and for other academic purposes.

I hereby grant IJOCM all rights, title, and interest that I may have in the material. I am aware that I will not receive, and hereby waive any claim to receive, any payment or royalties associated with the material's use. The material may be subject to editing, modification, and retouching for academic purposes.

Patient Name:

Parent/Guardian/Next of Kin Name: _____

Signed:_____Date:_____

Address: _____

_____
_____

If you are not the parent/guardian or next of kin, what is your relationship with the patient

Witness Name: _____Signed:_____ Date: _____