

## **Consent form**

For a patient's consent to publication of images and/or information about them in "Annals of interventional pulmonology" publications.

Name of patient:	
Relationship to patient (if patient not signing this form):	
Description of the photo, image, text or other material (Material) about the patient. A copy of the Material must be attached to this form:	
Provisional title of article in which Material will be included:	
	CONSENT
about me/the patient to appear in a "Annals of inte	[PRINT FULL NAME] give my consent for the Material rventional pulmonology" publication.
confirm that I: (please tick boxes to confirm)	
<ul> <li>□ have seen the photo, image, text or othe</li> <li>□ have read the article to be submitted to</li> <li>□ am legally entitled to give this consent.</li> </ul>	

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. Publications go mainly to doctors and other healthcare professionals but are also seen by many others including academics, students and journalists.
- (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. Once published, the article will be placed on a website and may also be available on other websites.
- (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)	includes publication in English and in	r in part in other publications and products published. This translation, in print, in digital formats, and in any other s now and in the future. The article may appear in local ons, published in India 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.		
Please	e tick box to confirm the following:		
		ticle in Annals of interventional pulmonology, I have/the omment on the article and I am satisfied that the d in the article.	
Sign	ned:	Print name:	
Ada	lress:	Email address:	
-	ning on behalf of the patient, please give the r 18 or has cognitive or intellectual impairm	e reason why the patient can't consent for themselves (e.g. patient is ent).	
		Date:	
	If you are signing for a family or other groug froup have been informed.	up, please tick the box to confirm that all relevant members of the family or	
	e patient is under the age of 18 but has must also confirm their agreement:	sufficient understanding of the consent process and its implications	
Sign	ned:	Print name:	
Dat	e of birth:	Date:	
	·	Iministered the form to the patient or their representative son who has the authority to obtain consent).	
Sign	ned:	Print name:	
Posi	ition:	Address:	
Inst	itution:		
	ail address:	Telephone no:	
	2:	,	