

Case Report Consent Form

for publication

I, the undersigned, give my consent for my/my minor child/relative's photograph, other image or likeness, case history or family history to be published in the Journal of Nepal Medical Association (JNMA). I understand the following:

1. The Information will be published without my name attached and JNMA 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, www.jnma.com.np
5. The Information may also be used in full or in part, in print, in electronic formats, and in any other formats that may be used by the JNMA or its licensees now and in the future. In particular, the Information may appear in print and online version of the JNMA.
6. The JNMA will not allow the Information to be used for advertising or packaging or to be used out of context.
7. Under the license which JNMA uses material published in JNMA can be redistributed freely and used for any legal purpose, including translation into other languages and commercial uses. I understand that I will not receive payment or royalties for this material, and I do not have a claim on any possible future commercial uses of this content.
8. 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.

Name of person described in article or shown in photograph:

Subject matter of photograph or article:

Journal name:

Manuscript number:

Title of article:

Corresponding author:

I have seen and read the material to be published.

I have discussed this consent form with, who is an author of this article.

Signed (by Patient or Proxy): Date:

Full Name (signed by):

(Name, signature, and contact information of the person who has explained and administered the form to the patient or proxy)

Full Name:

Address:

Phone:

Email:

Date: