CONSENT TO PUBLISH FORM

Patient or study participant consent for publication of their identifiable details in relation to:

Title of manuscript:

___ ("Article")

In (Bio Med Visions Journal).

I, the undersigned, give my consent for the publication of identifiable details, which can include photograph(s) and/or videos and/or case history and/or details within the text ("Material") to be published in the above Journal and Article. I confirm that I have seen and been given the opportunity to read both the Material and the Article. I have discussed this consent form with:

_____, who is an author of this paper.

I understand that the journal may be available in both print and on the internet, and will be available to a broader audience through marketing channels and other third parties. Therefore, anyone can read material published in the Journal. I understand that readers may include not only medical professionals and scholarly researchers but also journalists and general members of the public.

(please print)
(please print)

NOTE: If the patient/study participant is a minor (i.e. less than 18 years of age), or is unable to provide informed consent for publication, this must be signed by their parent or legal guardian.

NOTE: If the patient/study participant is deceased, this must be signed by their next of kin.

Signed

Date	
Signed	
Relationship to patient/study participant, if applicable:	
Author name	(please print)
Date	

Instructions to Authors: Please complete this form and obtain the patient's or study participant's signature and keep a copy on record. The manuscript reporting the patient's or study participant's details should state that consent for publication was obtained. You may use this template sentence as appropriate: "Written informed consent for publication of their details was obtained from the patient/study participant/parent/guardian/next of kin". Please be ready to share the form with the journal editorial office if requested.