

**Curiositas: Patient consent form for image and article publication**

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Name of person described in article or image	
Title of article	
Corresponding author of article	

I \_\_\_\_\_ [insert full patient name] give my full consent for this information (article and / or image) about myself to be published in the Ulster Medical Journal (UMJ).

I understand the following:

- I have seen and read the material to be submitted to the UMJ
- The information will be published without my details attached and the *UMJ* will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed.
- I can revoke my consent at any time before publication, but once the Information has ‘gone to press’ it will not be possible to revoke the consent.
- I understand that this image and/or article will also published on the Ulster Medical Society’s website which has open public access
- I understand that this image and/or article will also published on the Ulster Medical Journals social media outlets (e.g. Facebook, Twitter)
- I agree for this image and/or article to be published in the Ulster Medical Journal (paper version and online version)

<b>Patients initials</b>

Patients signature: \_\_\_\_\_ Patients name (Block capitals): \_\_\_\_\_

Authors signature: \_\_\_\_\_ Authors name (Block capitals): \_\_\_\_\_

Date: \_\_\_\_\_