

The South Asian Journal of Medicine

Patient/Participant Consent form

(Please fill in with Capital Letters)

Title of the research:

To be completed by the Patient/ Participant (in case of illiteracy the form will be completed by the witness/ Guardian):

1. The material(s) belong to me and I am completely or partially visible in it. I understand that the Material may depict my medical condition(s).
2. My name will be kept secret and will not be published with the Material by the South Asian Journal of medicine to maintain my anonymity. I understand, however, that it is possible that someone may recognize me from the images and/or accompanying content.
3. The use of the Material relating to me may include, without limitation, publication in the printed and electronic editions of the Journal publications, on websites or other derivative works or products.
4. I grant and release to the South Asian Journal of medicine all rights, title, and interest that I may have in the Material. I understand that I will not receive, and am giving up any claim to receive, any payment or royalties in connection with the use of the material
5. The Material may be edited, modified, and retouched.

Signature: I read the above Information. The researcher clears to me all the information about the publication of my photograph(s)/video(s)/ other material(s). I give my consent for all or any part of the material referenced above to appear in publications of the South Asian Journal of Medicine.

Patient/Participant:

Name: _____ Date: _____ Signature: _____

Researcher/Author:

Name: _____ Date: _____ Signature: _____

Witness or Parent (in case of children):

Name: _____ Date: _____ Signature: _____