## Sample Participant Consent Form

## for publication of identifying material

*Title* of article where participant is described or in which photograph, audio or video of participant is inserted:

I give my full and free consent for the material referenced above to be used by \_\_\_\_\_\_\_ (name of person soliciting consent) for the purpose of publication, reproduction, or broadcast in a journal for educational and/or medical purposes and also consent for it to be downloaded and used for the same purposes where required.

I understand that my name will not be published in the article and that my details / photograph / audio / video will be anonymized as far as possible, but that complete anonymity cannot be guaranteed.

## Please read the following statements and select ONLY the one that applies to you:

• I have read the manuscript and have reviewed all text / photographs / audio files / video files (as applicable) in which I feature.

OR

 I have been given the opportunity to read the manuscript and to see all text / photographs / audio files / video files (as applicable) in which I feature, but I forgo my right to do so.

Name of participant or of legal guardian	Signature (or thumb print, if unable to sign)	Date