

Patient Consent Form

For a patient's consent to publication of information about them in British Undergraduate Journal of Ophthalmology (BUJO).

Name of person described in article, image
or video: _____

Title of article: _____

Corresponding author: _____

I _____ [insert full name] give my consent for information about MYSELF/MY CHILD/MY DEPENDANT [circle correct description] relating to the above subject matter including investigations and their results to appear in the BUJO.

I have seen and read the material to be submitted to the journal, including all figures and photographs

I understand the following:

(1) The Information will be published without my name attached and BUJO will make every effort to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed.

(2) The material will be published in the BUJO, an electronic (online) journal accessed mainly to medical students and doctors but could be seen by many non-healthcare professionals, including journalists.

(4) The material may also be used in full or in part in other publications by the BUJO or by other publishers to whom the BUJO licenses its content.

(5) The BUJO will not allow the information provided to be used for advertising or packaging or to be used out of context.

(6) I can withdraw my consent at any time before publication, but once the Information has been committed to publication it will not be possible to withdraw the consent.

By signing below, I confirm that I understand this consent from.

Signature of Patient/Relative: _____

Date: _____

Signature of Author: _____

Date: _____