

Consent form

Firstly : I [Name] give my consent for information about my relative stated in table below is to be published in **Maaen Journal for Medical Sciences (MAJMS)**.

***	Degree of Relativity	Name
	Myself	
	My child	
	My relative	
	My client	

(*** Mention as appropriate)

Secondly: By filling this consent form I understand that these information will be published without mentioned relative’s name attached, but that full anonymity cannot be guaranteed. I understand that any text and pictures or videos published in the article will be freely available on the internet and may be seen by specialists and even public members. These pictures, videos and text may also appear in printed forms or other websites, may be translated into other languages or could used for commercial purposes.

Signing this consent form does not remove my rights to privacy.

Name.....

Date.....

Signed.....

Author name.....

Date.....

Signed.....

Please keep this consent form in the patient’s case files. The manuscript reporting this patient’s details should state that ‘Written informed consent for publication of their clinical details and/or clinical images was obtained from the patient/parent/guardian/ relative of the patient. A copy of the consent form is available for review by the Editor of MAJMS.

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