GALAXY PUBLICATIONS

Patient Consent Form for Publication

For a patient's consent to publication of information about them in Galaxy Publications.

SUBMISSION DETAILS

Name of person described / shown: _____

Subject matter of photograph or article: _____

Journal name: _____ Manuscript number: _____

Title of article: _____

Corresponding author: _____

STATEMENT OF CONSENT

I _____ [insert full name] give my consent for the information about the relationship indicated below ("the Information") relating to the subject matter above, to appear in Galaxy Publications and associated publications.*

This information relates to:

○ Myself ○ My child or ward ○ My relative

I have seen and read the material to be submitted to Galaxy Publications.

I UNDERSTAND THE FOLLOWING

1. The Information will be published without my name attached and Galaxy Publications will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed — it is possible that somebody somewhere may identify me.
2. The text of the article will be edited for style, grammar, consistency, and length.
3. The Information may be published in Galaxy Publications, which is distributed worldwide, mainly to doctors but also seen by many non-doctors, including journalists.
4. *The Information may also be used in full or in part in other publications, including in translation, in print, electronic, and other formats, now and in the future, and may appear in local or overseas editions of Galaxy Publications or other affiliated titles.
5. Galaxy Publications will not allow the Information to be used for advertising or packaging, or to be used out of context.
6. I can revoke my consent at any time before publication, but once the Information has been committed to publication ("gone to press") it will not be possible to revoke the consent.

Signed: _____ Date: _____