



CONSENT FORM

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

Name of person described in article or shown in photograph:

Subject matter of photograph or article:

Title of article:

Corresponding author:

EMERGENCIAS. Volume: Number: Date:

I [insert full name] give my consent for this information about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above ("the Information") to appear in the journal EMERGENCIAS.

I have seen and read the material to be submitted to the journal EMERGENCIAS. I understand the following:

1. The Information will be published without my name attached and EMERGENCIAS will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere - perhaps, for example, somebody who looked after me if I was in hospital or a relative - 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 EMERGENCIAS, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists.
4. The Information will also be placed on the journal website: <http://emergencias.portalsemes.org/english>
5. EMERGENCIAS 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