Patient consent for publication in the *BC Medical Journal*

Proposed manuscript title: __________________________________________

Corresponding author’s name: ______________________________________

Patients: You have the right to refuse to sign this consent form; refusal to sign this form will not affect your care in any way.

- I hereby give my consent for images or other clinical information relating to my case to appear in the *BC Medical Journal (BCMJ).*
- I understand that my name and initials will not be published and that efforts will be made to conceal my identity, but that anonymity may not be guaranteed.
- I understand that the material will be published in the *BCMJ* and on the *BCMJ*’s website.
- I understand that the material may be seen by the general public.

______________________ ______________________________ _____________________
Patient name (please print) Patient signature Date
(or signature of the person giving consent on behalf of the patient)

If you are not the patient, what is your relationship to them? (The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient; for patients who have died, next of kin may provide permission.)

____________________________________________________________________________________________________

Why is the patient not able to give consent? (e.g., if the patient is a minor, incapacitated, or deceased)

____________________________________________________________________________________________________

If images of the patient’s face or distinctive body markings are to be published, the following section should be signed in addition to the first section.

I give permission for images of my face or distinctive body markings to be published and recognize that I might, therefore, be identifiable even though my name and initials will not be published.

______________________ ______________________________ _____________________
Patient name (please print) Patient signature Date
(or signature of the person giving consent on behalf of the patient)