

Consent for Publication of Figure Image and/or Case Information

Title of submitted manuscript:

Author(s) name(s):

Person/Patient to fill in items below:

I have seen a version of the manuscript to be submitted/published (including any pictures) and I hereby give my consent for my image or other information relating to me to be reported in the above named manuscript for consideration of publication in INNOVATION Journal by CTOR Press.

I understand that this signed form will be submitted to the journal with the manuscript as evidence of my consent. I understand that protected health information such as my identification number, billing information, address, will not be published and that efforts will be made to conceal my identity; however, the journal cannot guarantee confidentiality once the case is published. Images, including distinctive body markings and/or diagnostic images, may be published.

I understand that the material may be published in the INNOVATION Journal by CTOR Press electronically and in products derived from the journal. As a result, I understand that the material may be seen by the general public. I understand that I may revoke consent at any time before publication, but once the information has been published revocation of the consent is no longer possible. I understand that I will derive no financial benefit from publication of this paper.

Name of Person (print)

Signature (or signature of the person giving consent on behalf of the person)

Date

Only complete this section if you are not the patient/person. What is your relationship?
(The person giving consent should be a substitute decision maker or legal guardian or should hold power of attorney for the patient.)

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