

Annals of Clinical Biochemistry

Patient Consent Form

For a patient's consent to publication of information about them in the Annals of Clinical Biochemistry

Name of person described in article or shown in photograph: _____

Subject matter of photograph or article: _____

Annals manuscript number: _____

Title of article: _____

Corresponding author: _____

I _____ (insert full name) give my consent for this information about MYSELF/MY CHILD/MY RELATIVE (circle correct description) relating to the subject matter above to appear in the Annals of Clinical Biochemistry and associated publications.

I have seen and read the material to be submitted to the Annals of Clinical Biochemistry

I understand the following:

- 1) The information will be published without my name attached and the Annals of Clinical Biochemistry 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 for the article will be edited for style, grammar, consistency and length
- 3) The Annals of Clinical Biochemistry will not allow the information to be used for advertising or to be used out of context
- 4) 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 my consent.

Signed: _____