

Consent Form

Patient's/Participant's consent to publication of information about them (including image/photograph) in ASBMB publications and products.

Name of person described in article or shown in image/photograph:

Subject matter of image/photograph or article:

Journal name:

Manuscript number:

Title of article:

Corresponding author:

I _____ [insert full name] give my consent for information and/or images/photographs ("Information") about MYSELF/MY CHILD OR WARD/MY RELATIVE [circle correct description] relating to the subject matter above to appear in the identified journal and associated publications.

I have seen the material to be submitted to the journal.

I understand the following:

- The Information will be published without my name. I understand that complete anonymity cannot be guaranteed and someone may be able to recognize me.
- The text of the article will be edited for style, grammar, consistency, and length.
- The Information may be published in the journal, which is distributed world-wide. Readers include doctors, but also other members of the public, including journalists.
- The Information will be placed on the journal website.
- The Information may also be used in full or in part in other publications and products published by ASBMB. Under the license which ASBMB uses, materials published in ASBMB journals can be redistributed.
- I can revoke my consent at any time before publication, but after the Information has been published, it will not be possible to revoke consent.
- I will not receive any compensation, financial or otherwise for the use of the Information.

Signed: _____

Date: _____
(MM/DD/YYYY)