Patient consent form

For a patient’s consent to publication of information about them in The JCTM.

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

Title of article: _________________________________________________

The JCTM manuscript number ___________________

Corresponding author: ____________________

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 JCTM and associated publications.

**I have seen and read the material to be submitted to the JCTM**

Signed: ________________________________

Date: