

# Patient/Participant Consent Form

## Consent for Publication of Identifying Material in Openventio Publishers

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Corresponding author name: \_\_\_\_\_

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*Please check the appropriate box below after reading each statement.*

I have read the manuscript or a general description of what the manuscript contains and reviewed all photographs, illustrations, or video files in which I am included that will be published in the Journal.

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*Upon publication of the above identifying material, I understand the following:*

1. The information will be published without my name attached.
2. I understand, however, that complete the 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.
3. The information may be published in the open access journal, which is distributed worldwide. The journal goes mainly to doctors but is seen by many non-doctors, including journalists, etc.
4. The information will also be placed on the journal website, [www.openventio.org](http://www.openventio.org).
5. 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 the consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name

If you are granting permission for another person or kin, what is your relationship to that person?

\_\_\_\_\_