Eurasian Academy of Medicine and Dentistry

ACADEMIC PUBLISHING • MEDICINE • DENTISTRY • HEALTH SCIENCES

ıt Consent Form for Publication

For a patient's consent to publication of information about them in an EAMD journal.

SUBMISSION DETAILS

Name of person described / shown

Subject matter of photograph or article

Journal name

Manuscript number

Title of article

Corresponding author

STATEMENT OF CONSENT

I _____ give my consent for the information about the relationship indicated below ("the Information") relating to the subject matter above, to appear in EAMD Publications and associated publications.*

This information relates to:

☐ Myself ☐ My child or ward ☐ My relative

I have seen and read the material to be submitted to EAMD Publications.

I UNDERSTAND THE FOLLOWING

1. The Information will be published without my name attached and EAMD will make every attempt to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed - it is possible that somebody somewhere may identify me.
2. The text of the article will be edited for style, grammar, consistency, and length.
3. The Information may be published in an EAMD journal, which is distributed worldwide, mainly to researchers and clinicians but also seen by many non-specialists, including journalists.
4. *The Information may also be used in full or in part in other publications, including in translation, in print, electronic, and other formats, now and in the future, and may appear in local or overseas editions of EAMD titles or other affiliated journals.
5. EAMD will not allow the Information to be used for advertising or packaging, or to be used out of context.
6. 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